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## **CONTEXT**

People with multimorbidity, their caregivers and care providers are dealing with the management of multiple conditions, medicines and treatment plans and have to make decisions about how to prioritize among these competing factors. Understanding patient's goals of care can potentially aid in the successful management of their diseases at home and improve their quality of life when integrated into care plans. Despite the importance of goal setting in chronic disease management, it is not necessarily a formal part of primary care practice. Failure to share goals raises a risk that physicians may focus on aspects of care and treatments that are not desired by the patient and/or family member. Conversely, the patient and family may focus on things that the physician does not deem feasible. *Alignment* in goals between patients, their caregivers and family physicians is required but has rarely been studied.

## **OBJECTIVES**

This study aims to examine patient goals of care from the perspectives of older persons with multimorbidity, their family physicians and informal caregivers (i.e. family member or friend who provides ongoing support) and then examine the extent of alignment between these three perspectives. Goal alignment was defined as concurrence on at least one goal by all three parties in a particular triad (i.e. patient, caregiver and family physician).

## **METHODS**

Eligible participants were recruited by purposive sampling from a family health team within a tertiary academic health centre in Toronto, Ontario. All members of the patient-caregiver-physician team had to agree to participate in order to be included in the study. Semi-structured interviews were conducted with 27 patients, their informal caregivers and family physicians. Qualitative description was used to identify key themes in the interview transcripts. Data analysis was conducted simultaneously with data collection until saturation of themes occurred. Goal alignment was defined as concurrence on at least one goal by all three parties in a particular triad (i.e., patient, caregiver and family physician).

## **FINDINGS**

Just over half of the patients were male (56%); they had an average age of 82.3 years and 4.61 health conditions. Most of the caregivers were female (82%); and 61% were a spouse of the care recipient. At the aggregate level, common goals expressed among patients, caregivers and family physicians were the maintenance of functional independence of patients and the management of their symptoms or functional challenges. Despite these common goals at the aggregate level, little alignment of goals was found when looking across patient-caregiver and physician triads. Lack of alignment tended to occur when patients had unstable or declining functional or cognitive health; when safety threats were noted; and when enhanced care services were required.

## **CONCLUSIONS**

The data suggest that goal divergence tends to occur when patients are less medically stable. While goal divergence may be expected due to the different roles and responsibilities of each of the players involved, these perspectives should be illuminated when building care plans. Further research is required to observe the extent to which goal setting occurs in family practice as well as how it can be embedded as a standard of practice.