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Re-imagining the role of the physiotherapist when managing people with long-term conditions.

Abstract

The rising prevalence of long-term conditions (LTCs) is placing increasing pressures on healthcare systems. With the future prospect that more individuals will experience multiple co-morbidities, LTCs are becoming a growing concern. This article aims to discuss the challenges faced by and the opportunities afforded to physiotherapists when caring for people with LTCs. It highlights the complexity of managing people with LTCs and the demands faced by physiotherapists when working within a transitioning healthcare service that necessitates cost-effective yet, sustainable care. It considers ways that interventions can be optimised to not only support individuals with LTCs to improve their quality of life, but to live an existence that has meaning and purpose. It also explores health promotion strategies that could be influential in changing the future healthcare landscape, by helping to prevent the occurrence of LTCs. The wider intention is to facilitate discussion of the future role of the physiotherapy profession in LTC management, in the hope that a shared vision can be created that is inspiring and transformative. A vision that imagines a physiotherapy service that is resilient to change and contemporary in approach, which continues to evolve to support the changing needs of people with LTCs.

Key words

Non-communicable disorders, chronic conditions, patient-centred care, self-management, rehabilitation, health promotion

Introduction

Long-term conditions (LTCs) or non-communicable diseases are chronic disorders that generally have no cure, tend to be progressive in nature and require ongoing management (Department of Health, 2012; Global Burden of Disease Collaborators (GBD), 2016). Approximately 39.8 million deaths globally are attributed to LTCs, representing 71% of total world mortality (GBD, 2016). With an estimated 600 million years of healthy life lost in 2013 alone, LTCs are increasingly becoming an international concern (GBD, 2015). It is anticipated that the incidence and mortality rates for people with LTCs will continue to rise, mainly due to advancements in medical interventions increasing life expectancy, unhealthy lifestyle choices and the rapid acceleration of the ageing population (Barnett et al., 2012; He, Goodkind and Kowal, 2016). Certainly, adults aged 60 years or older are predicted to increase over two-fold globally, from 901 million in 2015 to 2.1 billion by 2050 (United Nations, 2015). As the number of co-morbidities tends to increase with age, the likely prospect is that more people will be living with two or more LTCs (Prince et al., 2015). Having a LTC often leads to a poorer quality of life as it can have an impact on physical, psychological and social functioning (Megari, 2013). Hence, finding optimum ways to support people with LTCs to have a quality life that they deem is worth living would therefore seem essential.

Physiotherapists contribute to the management of LTCs such as stroke, multiple sclerosis, Parkinson's disease, chronic obstructive pulmonary disease, asthma, arthritis, mental health, chronic pain and frailty (Chartered Society of Physiotherapy (CSP), 2013). Their role is to promote quality of life by assisting people with LTCs to maximise their mobility, functional independence and social participation (CSP, 2013; World Confederation for Physical Therapy (WCPT), 2013). Additionally, they

have demonstrated their ability to provide primary and secondary prevention initiatives including programs for promoting physical activity (Holm, Tveter, Moseng, and Dagfinrud, 2015) and falls prevention (Finnegan et al., 2017). Consequently, they have the potential to play a key role in the prevention and management of people with LTCs (WCPT, 2017). However, rising health service costs, the complexity of co-morbidities and the demand for more cost-effective ways to provide care, provides many challenges (Naylor et al., 2016; World Economic Forum (WEF), 2013). Only by re-evaluating their role within this transitioning healthcare climate, physiotherapists can optimise their potential and put themselves at the forefront in LTC management. This article aims to discuss the challenges faced by and the opportunities afforded to physiotherapists when managing people with LTCs and to consider how physiotherapy can be optimised to support individuals with LTCs to live a quality life that has meaning and purpose. The wider intention is to facilitate a discussion about the role of the physiotherapist when caring for people with LTCs, in order to inform future practice.

Holistic Care

There is growing evidence of the interconnection between psychological wellbeing and the physical health condition of individuals with LTCs. People with LTCs are two to three times more likely to have poor mental health with approximately 30% experiencing anxiety and depression (Cimpean and Drake, 2011; Naylor et al., 2012). Conversely, living with mental ill health can increase the chance of experiencing long-term physical health conditions (Barnett et al., 2012; Ngo et al., 2013). Expenditure for managing LTCs is spiralling with mental health problems attributing 12 to 18 per cent of the total National Health Service costs (Naylor et al., 2012). Furthermore, the mental health problems experienced by those with LTCs are

known to have a more detrimental effect on their quality of life than the physical health condition itself (Mujica-Mota et al., 2015).

Consequently, there has been a shift in focus to wellness as the state of being healthy as opposed to illness and the presence or absence of disease, and wellbeing is now increasingly being seen as an important measure of health outcome (Barredo, Agyepong, Liu, and Reddy, 2015; De Feo et al., 2014). Emphasis is now being placed on not only supporting people with LTCs to improve their physical function but to assist them to cope with and manage their condition so that they can lead autonomous lives that are fulfilling and worthwhile (De Feo et al., 2014). This also comes at a time of austerity, where healthcare budgets in England are reducing in real terms (British Medical Association, 2016) and healthcare costs for LTCs are increasing globally (Muka et al., 2015). Thus, the challenge for physiotherapists is to find more efficient and sustainable ways to support both the physical and psychosocial wellbeing of people with LTCs (WEF, 2013).

Models of care have been advocated that could potentially offer physiotherapists an opportunity to provide more cost-effective interventions that promote both physical and mental wellbeing (Ngo et al., 2013; World Health Organisation (WHO), 2014). Specifically, approaches that foster patient-centred co-ordinated care and multi-sectorial partnerships (National Health Service England (NHSE), 2016). Patient-centred care offers a holistic approach to patient management by aiming to optimise a persons' physical, emotional and social functioning (Cloninger, 2013; O' Sullivan, 2012). It does this by putting the patient at the centre of care so that treatment can be tailored to their specific needs, social circumstances, preferences and desires (Eaton, Roberts and Turner, 2015). Indeed, patient-centred care should already be an adopted practice in physiotherapy as it is a requirement of physiotherapy

professional standards (WCPT, 2011). It is also seen as an essential component of the rehabilitation process (Wade, 2015). However, physiotherapists have highlighted lack of confidence and aptitude to address the psychosocial aspect of patient-centred care as barriers to its implementation (Synnott et al., 2015; Synnott et al., 2016). In addition, patients do not always corroborate physiotherapists' belief that a patient-centred approach is being followed (Eaton, Roberts and Turner, 2015; Hartley and Stockley, 2016). Therefore, although physiotherapists proclaim to advocate the approach it seems that it is not always fully embraced by clinicians (O'Sullivan 2012; Synnott et al., 2015). Patient-centred care provides opportunities for physiotherapists to support the biopsychosocial needs of their patients and thus, potentially provide care that is more effective (O'Sullivan, 2012; Pinto et al., 2012). Therefore, further consideration of the role of physiotherapists in patient-centred care and how it can be optimised to support the holistic needs of people with LTCs is needed.

Developing more multi-sectorial collaborations could provide opportunities for physiotherapists to make more efficient use of their time as resources and expertise could be shared (Naylor, Taggart and Charles, 2017; NHSE, 2016). This may include alliances with other professions for example, mental health practitioners or sectors i.e. community groups or organisations. Developing partnerships in this way could also improve physiotherapists' confidence in their ability to support patients' holistic needs. However, there needs to be an organisational commitment for this undertaking otherwise, it would be difficult to implement (Naylor, Taggart and Charles, 2017). Additionally, patients need to have an understanding of the role of each partner in their management to encourage them to engage with the services offered (Friedman et al., 2016). Nevertheless, the key to success is having the ability

to develop positive relationships with other potential collaborators (Friedman et al., 2016). As physiotherapists work across boundaries and part of a multidisciplinary team, they already have the capacity to build bridges with others (CSP, 2015). Thus, by developing alliances in this way where expertise can be shared, physiotherapists' could enhance their ability to provide holistic care to people with LTCs and help support their complex needs. Therefore, identifying opportunities to foster more partnership working could further promote the optimisation of the future role of the physiotherapist when managing people with LTCs.

Health Promotion

A redefinition of health promotion as “the process of enabling people to increase control over, and to improve, their health” was included in the Ottawa Charter for Health Promotion (WHO, 1986). The introduction of the Charter in 1986 marks a pivotal turning point in health promotion as it instigated a shift in focus away from illness towards disease prevention, with its promotion of positive health as a goal for all to pursue (WHO, 1986). It identified five key areas for action to improve global health specifically to, “develop healthy public policy, create supportive environments, strengthen community action, develop personal skills and re-orientate health services” (WHO, 1986). Over the years, concepts based on these five areas have continued to be developed. The health promotion and disease prevention approach is more focused towards wellness as opposed to illness as it aims to optimise both health and wellbeing (Bezner, 2015). It also recognises the biopsychosocial influences on health, in particular, the importance that lifestyle choices have on an individual's physical and mental wellbeing (Bezner, 2015; Cloninger, 2013). Indeed, evidence suggests that 80% of heart disease, type 2 diabetes and strokes can be prevented by lifestyle changes (WHO, 2005) and 40% of years lost due to ill health

can be avoided by reducing modifiable risk factors such as smoking, poor diet and physical inactivity (Newton et al., 2015). Therefore, promoting healthy behaviours can help to prevent many LTCs from occurring and by developing their role as health promoters; physiotherapists could be instrumental in this.

Make every contact count (MECC) is an approach to behavioural change that aims to support people to make lifestyle choices that will lead to the betterment of their health and wellbeing (Public Health England (PHE) and Health Education England (HEE), 2016). It utilises the day-to-day interactions with the public to offer education and advice that promotes healthier behaviours (PHE and HEE, 2016). Engaging with MECC could therefore, help to enhance physiotherapists' role in the public health arena. Certainly, physiotherapists have the opportunity to incorporate discussions that support positive health changes during routine patient assessment and management (McMahon and Connolly, 2013). However, other than providing education and advice on physical activity, physiotherapist have highlighted their concerns as to whether they have the skills to engage in education around other areas of lifestyle changes such as diet, smoking and alcohol consumption (O'Donoghue et al., 2014). Lack of time is also seen as a common barrier to its implementation (McMahon and Connolly, 2013; Walkeden and Walker, 2015).

However, the expectation is not for everyone to be experts in all areas of health. The provision of basic information that supports people to make healthy lifestyle change such as, improving physical activity, eating healthily and informing on the recommended alcohol levels is what is required (PHE and HEE, 2016). Information that physiotherapists could easily provide in the form of leaflets, booklets or online resources depending on individual needs. For more specialist management, for example, treatment for depression or special dietary requirements, the role of the

physiotherapist would be to screen and refer to more appropriate members of the multidisciplinary team (Bezner, 2015). Providing training and education on health promotion both at undergraduate and postgraduate level will help to engender physiotherapists with the skills and confidence to support its implementation (McMahon and Connolly 2013). In addition, developing a culture where health promotion is seen as a fundamental part of the intervention could lead to better long-term outcomes and therefore potentially, more cost-effective and efficient use of physiotherapists' time (O'Donoghue et al., 2014).

Behavioural Change theories

Behavioural change theories explain how factors, such as emotional, environmental and cognitive, influence peoples' behaviour (Linke, Robinson, and Pekmezi, 2013). Having an understanding of these theories can help physiotherapists tailor their interventions appropriately and therefore potentially provide outcomes that are more effective (Hay-Smith, McClurg, Frawley and Dean, 2016). It is also conceivable that developing knowledge in behavioural change would help to enhance physiotherapists' confidence as health promoters. There are a number of behavioural change theories available including, the health belief model (Rosenstock, 1974), transtheoretical model (Prochaska and Velicer, 1997) and theory of planned behaviour (Ajzen, 1991). However, the social cognitive theory (SCT) is known to be commonly used by physiotherapists (Richardson et al. 2014; Hay-Smith, McClurg, Frawley and Dean, 2016). Its premise is that behavioural change is influenced by a combination of personal and environmental factors. Self-efficacy is thought to be a significant factor for change to take place. This is a person's belief that they will be successful in undertaking a specific course of action and achieve the required outcomes (Linke, Robinson, and Pekmezi, 2013). To foster

self-efficacy, physiotherapists could set short-term achievable goals with individuals to help to instil confidence that they are capable of making the required modifications (Elvén, Hochwälder, Dean, and Söderlund, 2015; Linke, Robinson, and Pekmezi, 2013). Social influences and the ability of others to encourage behavioural change are also recognised with the SCT (Bandura, 2004). Therefore, physiotherapists could identify opportunities for individuals to engage with others who have succeeded in a similar situation. This could be in the form of signposting to community groups that support lifestyle changes.

However, behavioural change will only take place when individuals are ready to make the appropriate changes necessary. The transtheoretical model can be used to provide a process for physiotherapists to assess progress so that interventions can be tailored to the correct level of engagement (Alciauskaite et al., 2015). The transtheoretical model has six stages that people go through when contemplating a change in behaviour namely, precontemplation, contemplation, preparation, action, maintenance, and termination (Prochaska, Redding and Evers, 2008).

Precontemplation is when an individual is not yet ready to make changes usually considered to be within the next six months. This may be because they do not have knowledge about the ramifications of their behaviour or the benefits they may gain from making the required changes. Contemplation is when an individual is thinking and preparing to make changes within the next six months. They are aware of the pros for changing but also the cons, which is making them ambivalent at this time to change. The preparation stage is when an individual has begun planning to make changes usually within the next month. This may include taking time to identify an appropriate exercise class to join. Individuals in the action stage have already made modifications to their behaviour within the last six months but need support to

continue to make the changes required. Maintenance is the penultimate stage where individuals have continued to maintain the changes for at least six months, the aim now being to prevent future relapses. Termination is the final stage where individuals are unlikely to relapse, as the new behaviour has become habitual (Alciauskaite et al., 2015; Prochaska, Redding and Evers, 2008).

Tailoring interventions to the appropriate level will potentially make more effective and efficient use of physiotherapists' time (Alciauskaite et al., 2015). For example, during the pre-contemplation stage, physiotherapists need to raise peoples' awareness of the need to modify their behaviour so that they can make choices about their health that are more informed. This should include education about the benefits of making positive changes and the effects on health of not making the changes. Whereas at the contemplation stage, barriers to change such as, time, resources or confidence in making the modifications need to be highlighted so that appropriate strategies can be identified to help individuals move forward. As they prepare for change and take action, goal setting becomes key starting with short-term achievable goals and then more long-term planning with feedback on their progress as they reach the maintenance phase (Alexanders, Anderson and Henderson, 2015). Using behavioural change theories in this way to target specific health behaviours could support physiotherapists in preventing many LTCs from occurring (Newton et al., 2015). Additionally, facilitating people with LTCs to make positive lifestyle changes could help them to manage and delay the progression of their condition (Bezner, 2015). Developing knowledge of behavioural change theories could, therefore, extend physiotherapists' capacity as well as provide more opportunities to offer a patient-centred approach when managing people with LTCs.

Self-management

Self-management support is the action of assisting individuals to develop the capability, confidence and the desire to take responsibility for their own health and wellbeing (Kawi, 2014; Panagioti et al., 2014). Supporting individuals to self-manage is considered a vital component of care for people with LTCs as it has the potential to improve clinical outcomes (Peek, Sanson-Fisher, Mackenzie and Carey, 2016; Taylor et al., 2014), enhance quality of life (Panagioti et al., 2014) and reduce the need for in-patient care (Challis et al., 2010). It also facilitates independency of the individual rather than dependency on the health professional for improving health status (Jones, Livingstone, and Hawkes, 2013). Thus, it could potentially offer a cost-effective approach for supporting people with LTCs. However, these benefits are often not realised, as poor adherence to self-management amongst people with LTCs is prevalent (McLean, Burton, Bradley and Littlewood, 2010). There are many influences on adherence including insufficient knowledge, inadequate social support, pain, fatigue, lack of time and resources (McLean, Burton, Bradley and Littlewood, 2010; Schulman-Green, Jaser, Park and Whitemore, 2016). The psychological wellbeing of the individual and their ability to cope with their condition has also been found to be particularly influential in affecting adherence (Coventry et al., 2014). This can be significant in people with LTCs as many individuals experience a sense of powerlessness as they attempt to come to terms with their physical decline and functional loss (Delmer et al., 2005; Coventry et al., 2014). Increasing dependence on others (Graven et al., 2013) and uncertainty about their condition can also lead to fear, anxiety, worry and loss of hope for the future (Kawi, 2014; Brown et al., 2014). This can affect confidence and lead to low self-esteem (Orlin, Cicirello, O'Donnell and Doty, 2014). At these times, people with LTCs may not have the self-assurance and the emotional capability to take charge of their own management and adhere to

treatment (Eng et al., 2014). Following a patient-centred, holistic approach that acknowledges and supports the emotional needs of patients is therefore vital for physiotherapists to be effective in supporting people to self-manage. Indeed, what has been found particularly efficacious for adherence is when a therapeutic relationship is developed with patients that is based on a collaborative partnership and shared decision-making (Ferreira et al., 2013; Hall et al., 2010). By valuing patients and their views on their own management, physiotherapists can help to instil confidence and build self-worth (Hudon et al., 2012). Being involved in the process can also provide patients with the motivation to want to adhere to the treatment (O’Keeffe et al., 2016).

Goal setting

Collaborative goal setting can also provide a useful tool to support self-management. It can also help physiotherapists gain an insight into what is important to their patients and what the patients deem as worthwhile to pursue. For patients, it provides an opportunity to express their aims and aspirations so that patient-driven goals can be set that they feel inspired to pursue (Brown et al., 2014). These may be based on the desire to engage in hobbies, gain or retain employment or just the chance to participate more within their own community. Gaining a renewed sense of purpose and striving for something that the patient feels is worthwhile, may just be the motivation needed to reignite hope and regain the confidence to take back some control over their situation (Hartley, Goodwin, and Goldbart, 2011). Having a sense of hope for the future can provide the optimism and encouragement for adherence to self-management (Brown et al 2014; Delmer et al., 2005). Nevertheless, some individuals may find goal setting challenging especially if they have not had any previous experience of this process (Schoeb, Staffoni, Parry and Pilnick, 2014) or,

lack the motivation to engage (Hartley and Stockley, 2016). Therefore, there may be times that require more input by the physiotherapist to nurture the individual to a point where they are more capable and self-assured to take some responsibility for setting goals. Whilst on other occasions, physiotherapists may need to relinquish control of goal setting to the patient as they develop their ability to self-manage (Hartley and Stockley, 2016). Developing the therapeutic relationship in a way that fosters mutual respect, with a shared vision towards recovery that cultivates patient participation, may also enhance the physiotherapist's own sense of value and purpose (Synnott et al., 2016).

Psychological Therapies

Other psychological therapies can be used to develop the individual's capacity to self-manage and adhere to treatment. These include techniques such as motivational interviewing (MI), cognitive behavioural therapy, relaxation techniques, mental imagery and activity pacing (Alexanders, Anderson, and Henderson, 2015; McGrane, Galvin, Cusack, and Stoke, 2015; Murphy, Mash and Malan, 2016). Motivational interviewing, in particular, has become more prevalent within the physiotherapy profession to facilitate the engagement of individuals who are ambivalent about change that supports self-management of health (Driver, Kean, Oprescu, and Lovell, 2017). Motivational interviewing attempts, through shared decision-making, to influence the individual's resistance to change. It does this by assisting them to gain an understanding of the implications of their behaviour and helping them to navigate the barriers that prevent them from making changes (Letourneau and Goodman, 2014). By aiding individuals to become aware of these obstacles and helping them to identify strategies to overcome them, physiotherapists

could help to engender the desire to make the necessary changes (Elwyn et al., 2014; Letourneau and Goodman, 2014).

If maladaptive thoughts, behaviours and attitudes about their condition are preventing individuals from actively engaging in treatment, physiotherapists can use cognitive behavioural therapy to challenge these assumptions (Beissner et al., 2009; Hall et al., 2016). Problems that are identified in the assessment can then be targeted during collaborative goal setting with the patient to ensure that psychological needs are met. Helping patients to develop problem-solving strategies is key to cognitive behavioural therapy so that patients are able to deal more effectively with their situation and overcome the barriers identified (Nielsen, Keefe, Bennell, and Jull 2013). This may include teaching patients relaxation techniques or mental imagery to help reduce pain and psychological distress (Nielsen, Keefe, Bennell, and Jull 2013). Activity pacing can also help individuals cope with pain or any fatigue they may be experiencing, as it prevents avoidance or excessive exertion (Antcliffe et al., 2016). Physiotherapists' role, in this instance, will be to work with patients to modify their activity to levels that they find manageable and then gradually increase over time as their function improves.

Nevertheless, psychological therapies can be difficult to implement in a consistent way and physiotherapists have highlighted a lack of confidence in their ability to apply them competently (Alexanders, Anderson, and Henderson, 2015; Driver, Kean, Oprescu, and Lovell, 2017). However, the clinician's approach has been found to be a significant factor for the success of psychological therapies such as MI. This includes the capacity to be empathetic and build effective and co-operative partnerships (Miller and Rose, 2009). Skills that physiotherapists should already be utilising when engaging in patient-centred care. Incorporating psychological

therapies could provide physiotherapists with a valuable tool to help to foster personal responsibility for making positive changes that support adherence (McGrane, Galvin, Cusack, Stoke, 2015). Particularly, if these are used in conjunction with behavioural change theories. However, to remain within their scope of practice there needs to be a commitment to training in these techniques. Only then can physiotherapists develop the confidence and proficiency to be efficacious in its undertaking, by building on the skills they already possess (Synnott et al., 2016).

Although there are many opportunities for physiotherapists to develop their role in the prevention and management of people with LTCs, it would also seem important to consider their capacity so that clinicians do not become overstretched. This may entail relinquishing some roles to take on others. Employing apprenticeships, as an addition to the workforce, could offer physiotherapists the chance to delegate specific tasks so that they can broaden their own scope of practice (Powell, 2017). However, consideration of how to train people in the workplace to undertake these roles and what tasks are appropriate to delegate would seem essential so that safety and standards of professionalism are maintained.

Supportive environment

Many people with LTCs will face relapses and most will never attain complete recovery. Therefore, access to appropriate care needs to be readily available when setbacks occur and to support adherence to self-management (Beattie, Silfies and Jordon, 2016). However, providing ongoing healthcare is unsustainable, as there are not the financial means to offer this (Naylor et al., 2015). Nevertheless, there is a wealth of services and resources available in the community, set up by local advocacy groups, charitable organisations and social enterprises that could offer

support to people with LTCs, including access to physical and social activities (Blickem et al., 2013). Having connections to support groups and the opportunity to meet with others who have faced similar life situations has been found to improve the ability to self-manage as experiences and knowledge about the condition can be shared (Hartley and Yeowell, 2014; Vassilev, Rogers, Kennedy and Koestenruijter, 2014). Peer support has also been shown to promote adherence to positive lifestyle changes, improve health outcomes (Kennedy, Vassilev, James and Rogers, 2016; Reeves et al., 2014) and reduce healthcare costs (Reeves et al., 2014). Therefore, by forming partnerships with community services that individuals can be directed to, physiotherapists could provide a more cost-effective service, freeing up time for those who are in need of more specialist input.

The use of technology could further help to extend physiotherapists capacity for supporting adherence to self-management (Dicianno et al., 2015; Kelli, Witbrodt and Shah, 2017; Thilarajah, Clark and Williams, 2016). Smartphone apps, in particular, have been found to be advantageous for facilitating healthy lifestyle modifications (Chow et al., 2015) and therefore have the potential to improve clinical outcomes (Kelli, Witbrodt and Shah, 2017). Furthermore, as they can be tailored to the personal needs of the individual, they can be utilised to support patient-centred care (Dicianno et al., 2015). For instance, as well as offering a platform for physiotherapists to provide education and advice about the LTC, videos of an individualised home exercise programme could also be accessed through the app. Additionally, apps have the ability to record progress including adherence to exercises, or with attaining goals that have been set (Thilarajah, Clark and Williams, 2016). This can provide valuable feedback to the physiotherapists but also, to the individual to help to motivate and self-monitor their progress. Physiotherapists could

also help to improve adherence by sending text messages to remind people to undertake their intervention or motivational messages to encourage participation, (Chow et al., 2015; Agboola et al., 2016).

Conclusion

Physiotherapists are well equipped to play a key role in the prevention and management of LTC. However, the complexity of co-morbidities and a transitioning healthcare system that demands cost-effective services provides many challenges for physiotherapists to navigate. Rising to these demands requires a shared endeavour across the physiotherapy profession for transformation in practice, including the capacity to take on the role of public health promoters. Encompassing a more patient-centred approach and partnership working that supports self-management is key. Embracing these initiatives can provides many opportunities for physiotherapists to optimise their practice. Thus, potentially more able to put themselves at the forefront of care in LTCs management. Only by reflecting on their role can a clear vision for the future be created. A vision that imagines a contemporary service that is resilient to change and continues to evolve to support the changing needs of people with LTCs.

Conflict of interest

The author reports no conflict of interest

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