

Occurrence, determinants and outcomes of multimorbidity in primary care

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Occurrence, Determinants and Outcomes of Multimorbidity in Primary Care: The Indian Landscape

1. Multimorbidity: the whole is greater than the sum of its parts (This thesis)
2. Patients with multimorbidity can nowadays be considered an "emergent" population in low-and middle income settings. (This thesis)
3. The presence of multimorbidity cuts across different age and socio-economic strata and is no longer a condition typical to affluence or old age in India. (This thesis)
4. The interface of mental-physical multimorbidity poses added challenge and merits consideration while designing patient centered care. (This thesis)
5. The key provider role that primary care in India would have to perform in the coming years is to bridge the gap between the populations' growing need for high-quality chronic care and its present acute and episodic -care-oriented delivery system. (This thesis)
6. Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients and practicing within the context of family and community (Institute of Medicine, 1994)
7. The defining features of primary care- continuity, comprehensiveness, and coordination- match the care needs of persons with multimorbidity. (Impact)
8. It is not chronic conditions by themselves that raise health care resource use. Rather, it is the number of types of conditions, that is, multimorbidity. (Impact)
9. Multimorbidity, primary care and low-and middle income countries: A recipe for a storm of complexity.
10. Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted. (Albert Einstein)
11. You are not a drop in the ocean. You are the entire ocean in a drop. (Rumi)