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ORIGINAL RESEARCH

Extended Consultations as a Trial Intervention in General Practice: Experiences of Patients with Complex Multimorbidities

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Background: Multimorbidity poses significant challenges for healthcare systems worldwide, particularly for patients with complex multimorbidity (CMM). The Complex Intervention for Multimorbidity version 2 (CIM2) was designed to enhance integrated patient-centered care.

Aim: This qualitative study aimed to explore patients' experiences with the CIM2 intervention, focusing on their perceptions of extended consultations and identifying factors that influenced their experiences, which were either beneficial or challenging.

Methods: This is a qualitative evaluation conducted as a part of the CIM2 intervention, drawing on data from 13 semi-structured interviews with patients with CMM. Eight of the interviews included the patients' spouses. The interviews were analyzed using thematic analysis.

Results: Three patients found the extension beneficial, appreciating the increased time for discussions and feeling genuinely heard by their GPs. Two patients perceived partial benefit, valuing the extra time but finding the consultation similar to regular appointments. However, six patients experienced no benefit, citing unclear communication about the consultation purpose, a lack of continuity when seen by an unfamiliar GP, and superficial interactions despite the extended time. Two patients did not recall attending the extended consultations.

Discussion: Although some patients appreciated the extra time and personalized attention, others found the consultations confusing, superficial, or indistinguishable from regular visits. Crucial factors influencing benefits included clear communication about the consultation's purpose, being heard and understood, and continuity with familiar GPs. Notably, those with the most fragmented care and highest treatment burden often derived the least benefit. These findings underscore the importance of better communication, preparation, and continuity.

Conclusion: Although some patients with complex multimorbidity valued extended consultation time, time alone proved insufficient to ensure meaningful care experiences. Better communication regarding the purpose of the consultation and patient preparation was essential to improving the overall quality and relevance of the encounter.

Keywords: complex multimorbidity, patient-centered care, extended consultation, general practice, integrated care

Introduction

The prevalence of multimorbidity is rapidly increasing globally.[1] Complex multimorbidity (CMM) affects approximately 10% of individuals with multiple chronic conditions in Denmark.[2] CMM involves patients with three or more chronic conditions across various organs or affecting both physical and mental health.[3] Patients with CMM experience reduced quality of life,[4–6] high treatment burdens,[1,7] and fragmented care across healthcare systems organized around individual

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chronic diseases rather than patient needs.[1] General Practice is central to the care of patients with multimorbidity.[8–11] Research on interventions for patients with multimorbidity in general practice has yielded promising results, particularly in terms of patient-centered and team-based care.[6,12–14] However, standard consultation times often prove inadequate for addressing multiple conditions simultaneously. While consultation lengths vary internationally, from 1–2 minutes in India to 18–22 minutes in Sweden and Norway, Denmark's average of 10–15 minutes falls in between.[15] Extended consultations have emerged as a potential solution, with evidence suggesting they can improve patient-centered care for individuals with multimorbidity.[11,16,17]

However, patients' perspectives on extended consultations with general practitioners (GP) are generally under-reported. Existing research relies predominantly on quantitative measures, with mixed findings regarding their impact on patient satisfaction and health outcomes.[18,19]

Quantitative research has provided some insights into this issue. Mercer et al's CARE Plus study found that enabling practices such as longer and patient-centered care for patients with multimorbidity in deprived areas may protect quality of life.[16] While some qualitative research has explored extended consultations as having positive effects, such as the SOFIA study's examination of consultations for patients with severe mental illness,[20] there remains limited qualitative research focused explicitly on how patients with CMM experience extended consultations. Our study contributes to these quantitative and qualitative findings by offering an in-depth exploration of the "Patient-centered Complex Intervention for Multimorbidity" (CIM2), specifically exploring patients' experiences with extended consultations in the study.

The CIM2 was designed to enhance integrated, patient-centered care for patients with CMM,[2] building on findings from a prior feasibility study.[21] The CIM2 focused on GPs offering extended consultations for patients with CMM, lasting up to 45 minutes. It comprised six components: 1) Identification of patients with CMM 2) teaching sessions for healthcare professionals focusing on multimorbidity, 3) extended consultations in general practice, 4) individual care plans (ICP), 5) follow-up services in general practice, and 6) strengthened cross-sectoral collaboration between general practitioners (GPs), municipalities, and hospitals. The intervention aimed to address the inverse care law by Julian Tudor Hart (1971), whereby those with the greatest care needs often receive the poorest care.[22] The extended consultations serve as an intervention specifically for patients with CMM and complex needs.

This qualitative study formed part of a summative evaluation of the CIM2 model, focused on patients with CMM and their experiences with the extended consultation, which involved 13 general practices.

Aim

This qualitative study aimed to explore patients' experiences with the CIM2 intervention to identify its potential benefits, challenges, and areas for improvement, focusing on their perceptions of extended consultations.

Materials and Methods

Setting: The Danish Healthcare System

The Danish healthcare system is primarily funded through taxes, with approximately 14% of expenses covered by out-of-pocket payments.[23] GPs form the core function of the primary care sector and serve as gatekeepers to specialist services. All Danish citizens are registered with a GP, which ensures universal access to primary care. Patients with chronic conditions receive care through consultations and follow-up visits in general practice, as well as specialized treatment provided by hospital specialists, private specialist clinics, and municipal rehabilitation services.[24] This often involves multiple sectors and calls for enhanced coordination from GPs, especially for patients with CMM.

The Intervention (CIM2)

This study was conducted in the Capital Region and Region Zealand, and the central element of the CIM2 intervention was an extended consultation provided by the GP to the patient, lasting approximately 45 minutes, compared to the standardized 10 to 15 minutes. GPs participated in a 2-hour training program. It included an overview of project activities, characteristics of multimorbidity, health challenges faced by patients with multimorbidity, and polypharmacy

assessment.[2] Additionally, data from the broader CIM2 study showed that GPs spent an average of 12.7 minutes preparing for these consultations, where the actual consultation duration averaged 40.6 minutes.

These consultations adhered to the patient-centered guideline for overview consultations for multimorbid patients developed by the Danish College of General Practitioners.[25]

It aimed to create a comprehensive overview of patients' diseases, signs and symptoms, needs, and also develop an ICP for the subsequent 12-month period. Additionally, there was an intention to strengthen cross-sectoral collaboration, with greater emphasis on patient-centered care and municipal rehabilitation services.

Data Collection

This qualitative evaluation examined patients' experiences with the CIM2 intervention to identify its potential benefits, challenges, and areas for improvement. Data were collected through semi-structured interviews based on the research protocol for the CIM2 study.[2] An interview guide with open-ended questions was developed to explore patients' experiences with the intervention components.[17] Healthcare professionals in general practice identified the eligible participants. The inclusion criteria for patients were as follows: 1) the patient had two or more of three common chronic conditions (diabetes, chronic obstructive pulmonary disease, and chronic heart condition); 2) the patient had been hospitalized or visited an outpatient clinic due to their chronic conditions during the previous year; and 3) the patient used at least five different prescription drugs. Although complex multimorbidity is commonly defined as the presence of three or more chronic conditions affecting different organ systems, these pragmatic criteria were used to identify patients with a high likelihood of complex care needs in general practice. Patients with two or more of these conditions frequently have additional chronic diseases and high treatment burden, and the criteria therefore served as a practical proxy for identifying patients with complex multimorbidity in the CIM2 trial. Patients who agreed to participate received an invitation by mail that included information about the study and a link to the project database in Research Electronic Data Capture (REDCap).[26]

All participants provided informed consent and completed the questionnaires at baseline and after 12 months as part of the broader CIM2 trial. For qualitative evaluation, patients were purposively selected to ensure diversity in sex and age groups.

Communication with participants regarding interview arrangements was conducted via SMS, email, and/or telephone, and all correspondence was documented. Thirteen interviews were conducted between June 2023 and February 2024. Participants selected their preferred interview locations: nine interviews were conducted in participants' homes, where spouses participated in eight of these interviews, and four interviews were held in alternative locations (local cafés and research facilities). Interview duration ranged from 45 to 120 minutes. All the interviews were audio-recorded and transcribed. Field notes were taken during the interviews, and all names and locations were anonymized to ensure participant confidentiality. Interviews were conducted by the co-authors, BAB and ICA.

Sample size adequacy was assessed using the information power framework proposed by Malterud et al (2015), which considers study aim, sample specificity, theoretical grounding, quality of dialogue, and analysis strategy. The study's aim was delimited to patient experiences with a single, specific consultation model, and all 13 participants had direct experience with the intervention under evaluation, supporting a high degree of sample specificity and quality of dialogue. Data analysis followed Braun and Clarke's thematic analysis approach, which involved identifying patterns across all participants.[27] According to Malterud et al (2015), a cross-case analysis needs enough participants to find different patterns, but too many participants can make it harder to analyze the data in depth. Limitations include the theoretical framework, which may reduce information power.[28]

Data Analysis

Data analysis followed Braun and Clarke's approach to thematic analysis,[27] which involved a systematic six-phase process: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining themes, and producing the report.[27] The author, RF, conducted the primary analysis, beginning with repeated readings of the interview transcripts to achieve familiarity with the data. Initial coding was conducted systematically across the entire dataset. The codes focused on key aspects of the CIM2 intervention, including patients' experiences with

extended consultations, perceptions of individual care plans (ICPs), and cross-sectoral collaboration. All patient and spouse names were anonymized and replaced with pseudonyms to ensure confidentiality throughout the analysis. Thematic analysis was conducted to uncover recurring patterns within the coded data, resulting in four main themes that captured the range of patient experiences with extended consultations. This approach allowed for an in-depth understanding of patients' perspectives and their views on the content of the consultation: (1) Patients who found extended consultations beneficial; (2) Patients who found extended consultations partially beneficial; (3) Patients who found extended consultations not beneficial; (4) Patients who reported no recollection of extended consultations. Collaborative discussions among the research team ensured consensus and enhanced the analytical consistency of the study.

Results

Thirteen patients participated in the interviews, and eight spouses joined the conversations. Patient experiences with the CIM2 intervention varied significantly across the intended components. Three patients and three spouses who participated in the extended consultation found the consultations to be beneficial. Two patients and one spouse found the consultations partially beneficial. Six patients and four spouses did not find the consultations beneficial, and two patients denied attending the extended consultation. No patients received an ICP or experienced increased cross-sectoral collaboration between GPs, hospitals, and municipal services, which was intended. Additionally, patients did not receive the expected referrals to attend chronic disease rehabilitation programs in the municipalities, which were planned as part of the intervention.

Patients Who Found Extended Consultations Beneficial

Three patients and two spouses found the consultation to be particularly valuable. They emphasized that the GP listened to the patient and asked relevant questions, provided sufficient time to discuss their health concerns, and the quality of their relationship with their GP helped them understand their situation better and contributed to positive experiences.

Patient-Centered Approach

The three patients appreciated the GP's ability to ask about the course of treatment and consider their individual needs. The patient, Sam, exemplified this perspective. He explained that he valued the GP's attention being entirely focused on him, making the consultation feel personal and tailored to his specific health concerns.

> … he [the GP] didn't ask: "what would pay off best for me". No, "What can I help you with?" That was what he based it on, you know. He had suggestions about what could possibly be done. It was very positive. And I could feel that it was about me.

Sam discusses being the focal point of the conversation and how he felt that the GP was there to find the best solution to meet his needs. Sam's experience highlights that the core aim of the extended consultation appears to be fulfilled in his case: delivering patient-centered care by ensuring that the patient feels heard and understood.

Additional Time to Discuss Health Concerns

The patient, Jens Ole, and his spouse also found the extended consultation beneficial. They expressed that their regular GP appointments often felt too rushed, leaving little time to address all their health concerns. Reflecting on their experience with extended consultation, Jens Ole's spouse shared the following:

> … you had more time. Usually, you often just quickly go in, and then you can't always remember what you wanted to ask about… Often, at the doctor's, you can only address one issue. You can't ask about multiple things at the same time.

Jens Ole's spouse emphasizes the importance of extended consultations, which provide more time for in-depth discussions without feeling hurried. In contrast to standard appointments, which typically focus on a single condition and allow for limited inquiries, she emphasizes that extended consultations enable them to address multiple health concerns regarding their conditions.

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The Extended Consultation Helped Gain an Overview

One aspect that stood out was how the consultation provided patients with a clearer overview and better understanding of their health. As a patient, Dennis, explained:

> Yes, you probably got… How should I put it, the thread was tightened a bit more…. So, the whole bouquet was gathered. That's probably it. Uh, because… Well, you already kind of knew about those little ailments that were there.

Dennis emphasized how the consultation helped him identify the full range of his health issues, including minor concerns he was aware of but had not paid much attention to. Marie, his spouse, assisted him in managing these health issues. During the interview, Dennis and Marie highlighted that they had long wanted and asked for an extended consultation. When asked if the extended consultation gave them a better understanding of Dennis's diagnosis, symptoms, medications, and treatment, Marie said: "Your kind of… It has sort of hit you how complicated it actually is". Dennis and Marie's comments about how the extended consultation helped gather "the whole bouquet" described their experience of addressing Dennis's multiple health conditions comprehensively.

Patients Who Found Extended Consultations Partially Beneficial

Among the 13 patients interviewed, two patients and one spouse found the extended consultation partially valuable. While they appreciated having additional time, they viewed the consultation as similar to their regular GP appointments.

No Perceived Difference from Regular Appointments

Kenny's experience of the extended consultation was assessed as partially beneficial. He expressed that it did not differ from regular doctor's appointments, however he expressed great trust in his GP and described her as attentive. Kenny had arthritis, high blood pressure, high cholesterol, and sleep apnea. He had also undergone knee surgery with complications, resulting in multiple reoperations. As a consequence of his extended sick leave, he lost his job. Kenny relied on his spouse to attend important medical appointments because of his dyslexia.

When Kenny was questioned about whether he found the extended consultation more beneficial than regular doctor appointments, it was uncertain whether he remembered the extended consultation at all. He replied:

> I would assume it's just the same. There might be some nuances to it…

During the interview, Kenny explained that the overall duration of a GP's appointment could vary, sometimes lasting 10, 30, or even 45 min. When he was asked what had been discussed during the extended consultation, Kenny replied:

> Yes. And then you want to know what we talked about. I honestly can't remember.

Kenny's difficulty in distinguishing the extended consultation from his regular appointments indicates that his GP had already tailored the consultation time to his needs, which was the goal of the intervention. Therefore, the consultation was only partially beneficial, as it reflects the quality of his existing GP relationship rather than the effect of the intervention itself.

Good to Have More Time

The patient, Rene, and his spouse, Merete, found the extended consultation to be partially beneficial. Merete, with her background as a medical secretary at a hospital, assisted Rene in managing his treatment. Both Rene and Merete considered themselves well-organized regarding their treatment plans and medications. Rene had already attended frequent regular checkups for his various conditions. Rene shared:

> But, you know, we also try to be kind of easy patients. We go to regular check-ups, but we've got it under control. We have a medication list, you know – we've got almost more control over the medication than they [the health professionals] have.

During the interview, Rene and Merete expressed that it mainly focused on regulating medication instead of providing new insights or changes to their already well-structured treatment plans. When asked if the consultation improved his overall perspective on his treatment plan, Rene shared:

> It was both good and bad. Like I said, the doctor needed to review my medication, so that's mostly what we focused on. We had already talked about my other health issues before. It's definitely good to have more time though. It's nice not being limited to just 10 or 15 minutes where you can only bring up one problem with the doctor.

Rene has already attended frequent regular check-ups for his various conditions. Rene and Merete had mixed feelings about the consultation, as it mainly focused on medication management rather than providing new insights into the disease. Consequently, the extended consultation did not provide any new information or modifications to the care plan. However, Rene expressed that having more time is essential when patients have multiple health concerns.

Patients Who Found Extended Consultations Not Beneficial

Among the 13 patients interviewed, six patients and four spouses reported that the extended consultation did not meet their expectations or provide significant value. The reasons for this varied, encompassing uncertainty regarding the selection criteria for the consultation, difficulties in recalling specifics from the consultation, impressions of superficial doctor-patient interactions, and disappointment at not seeing their regular GP. For some, the consultation primarily focused on medication management without addressing broader health concerns, while others questioned the necessity of an extended consultation altogether.

Uncertainty Regarding Why They had been Selected for the Extended Consultation

Several patients expressed confusion regarding their selection for extended consultations. Julie was among those who expressed confusion about why she had been invited for an extended consultation. She questioned whether her GP had initiated it and asked: "On what basis? Because of my illnesses or?" Julie met the diagnostic inclusion criteria for the research project. Additionally, she had diabetes, a heart condition, and arthritis, which caused pain in her back and hip joints. Despite meeting the criteria and having multiple complex health conditions, Julie remained uncertain about the rationale for her selection as a participant.

Another patient, Dorte, and her spouse, Lars, shared similar experiences of confusion. During the interview, Lars expressed confusion about the extended time allocated with the GP. Lars remarked:

> We spent quite a lot of time, and we were really wondering about it. But there's probably money in it. (laughs)

Both Julie and Dorte implied that they had not received clear explanations of the purpose of the extended consultation before attending the meeting. Julie felt uncertain about whether the invitation came from her regular GP or from the research project. Lars wondered about the motivation behind the longer appointment time and speculated about financial incentives.

Questioning the Need for an Extended Consultation

One patient, Bo, felt that the consultation provided little new information and did not affect his treatment plan. When the interviewer asked Bo about the extended time, he expressed the following:

> She must spend a lot of time before and after because I think I was only there for about 15 minutes. Generally, I don't think I really got anything out of it, to be completely honest.

When it came to the extended time, Bo felt no difference compared to his usual consultations and recalled spending approximately 15 minutes with the doctor. Bo further explained:

> I wouldn't say it was a waste of time, that would be a bit harsh. She asks a few questions, then stares at the screen, and so on. Maybe I wasn't interesting enough; I don't know. She was the one who selected me.

While Bo perceived the extended consultation as shallow and unhelpful for his treatment, his spouse Karen viewed it more positively, stating,

> It shows that you're doing well, doesn't it? Your numbers are good.

These remarks suggest two key points: first, the GP may not have engaged Bo well during the extended consultation, and second, Bo appears to be undergoing a well-managed treatment. These factors led Bo to conclude that the extended consultation was not beneficial for him.

The Extended Consultation was Not Conducted by their Regular GP

For several participants, the discontinuity in seeing their regular GP during the extended consultation impacted their perception of its value. During an interview, a patient, Julie, noted that her usual GP did not conduct the consultation, but rather a new GP affiliated with the practice, whom she did not know.

> I saw another GP who works at the practice, but it was someone I'd never met before - not my usual doctor. I think not knowing the GP affected how the consultation went.

Julie was already engaged in a well-established treatment process, had a strong network of social contacts, and maintained an active lifestyle. She reflected on her experience during the extended consultation and mentioned in the interview that it felt superficial:

> Well… yes, in a way, a bit shallow, I would say, because I was just asked, 'What do you think about your diabetes? How is it going?' Well, it's going fine. 'How is your heart doing?' Well, that's fine too. And then, well, that was kind of it.

Julie elaborated that the consultation overlooked medication management, potential side effects, and did not provide referrals to local council services. During the interview, Julie noted that the consultation was not conducted by her usual GP, which she felt diminished her overall experience:

> (…) If it had been my regular GP who had followed me for many years, it probably would have been a bit more… yes, different, I think. Definitely.

Julie emphasized that the lack of continuity with her regular GP affected her perception of the extended consultation.

Uncertainty in Remembering the Extended Consultation

Several patients had difficulty recalling what they had discussed with their GP during the extended consultation. One patient, Mary, mentioned that she had trouble remembering her extended consultation. Mary is 64 years old and has retired early due to ongoing mental health issues. In addition, she had diabetes, COPD, chronic constipation, and a heart condition. She had experienced thrombosis and had undergone bypass surgery. When asked about the extended consultation, Mary struggled to recall it, stating:

> I can hardly remember it. I like to talk (laughs). I just don't quite remember it…

The interviewer asked Mary about her mental health issues and whether she was taking medication. Mary responded that she takes a significant amount of medication for her mental health conditions, but mentioned that she does not talk about this much with her GP:

> Yes, and we didn't talk much about that. My GP isn't so good with mental illnesses. But she's good enough. She's the one who prescribed the pills for me.

Mary elaborates that she had long since completed regional psychiatric treatment and transitioned to municipal social psychiatry. When Mary was asked about communication with her GP, she explained:

> Sometimes I think she's a bit… what's the word… a bit superficial, I think. Like, if I show her something, she simply writes that I need a referral. Then I have to be referred to another doctor.

Mary described her interaction with the GP as somewhat superficial, noting that her GP tended to write referrals rather than engage in detailed discussions about her concerns. During the interview, she emphasized that she understood that her GP likely had valid reasons for referring her to specialists. Mary acknowledged that her GP was "good enough" and was

the one who prescribed her mental health medications. However, Mary indicated that she would have preferred more in-depth conversations about her various health conditions instead of being immediately referred to other specialists.

Patients Who Reported No Recollection of Extended Consultations

Two patients claimed no memory of the extended consultation. At the beginning of the interview, when questioned about the extended consultation, Michael appeared confused and claimed no memory of such a consultation.

> I definitely haven't had that.

Another patient, Jimmi, responded similarly when the interviewer asked about the extended consultation:

Interviewer: For this consultation. This extended consultation was supposed to last up to 45 minutes.
Jimmi: No, I have not been to one of those.
Interviewer: You have not?
Jimmi: No.

For Michael and Jimmi, the absence of a recall may indicate that the extended consultation was irrelevant or valueless in their care process.

Discussion

Summary of Main Findings

This qualitative evaluation examined the experiences of 13 patients with a new integrated care model for CMM, revealing both perceived benefits and drawbacks. Three patients found the consultations beneficial, citing feeling heard and understood, additional time to address multiple health concerns, and an improved overview of their conditions. Two patients found them partially beneficial, appreciating the extra time but viewing them as similar to regular appointments with their GP. However, six patients found no benefits, reporting unclear communication about why they were selected, superficial interactions when seen by a GP who was not their usual family GP, and consultations focused primarily on medication review. Two additional patients had no recollection of attending extended consultations at all. Notably, those who might benefit most from extended consultations, that is, patients with fragmented care and high treatment burden, reported the least benefit. Finally, the intended design, where extended consultations also should lead to increased cross-sectoral collaboration, which was to be facilitated by ICPs, was not experienced by the patients.

Who Benefits from Extended Consultations?

Our findings revealed significant variations in the patients who benefited from extended consultations. Patients with well-organized care showed mixed responses: Rene and Merete valued the extra time, despite having structured care routines, while Julie, who also had well-organized care, viewed the consultation as superficial and redundant, possibly influenced by the fact that it was conducted by an unfamiliar GP rather than her usual family GP. Meanwhile, Bo experienced no meaningful difference compared to his usual consultations and recalled spending only approximately 15 minutes with the GP during the extended consultation. Bo also appeared to have well-managed treatment, which may explain why he found limited value in the extended consultation. However, Mary, who had a high treatment burden, fragmented care across multiple providers, and coexisting mental health conditions, reported little to no benefit from extended consultations. Despite facing multiple vulnerabilities that theoretically indicated a need for extended consultation time, she found the extended consultation neither beneficial nor provided any new insights into her case. The additional time did not translate into feeling heard, supported, or receiving better guidance through her complex care needs. This exemplifies Hart's inverse care law (1971), which states that "the availability of good medical care tends to vary inversely with the need of the population".[22] In this study, it was found that those who needed comprehensive care received the least benefit from extended consultations. The intention of meeting the patients with the most need of care may not have been fully achieved. This raises a concern that the intervention risk reproduces the inverse care law and thereby contributes to maintaining or even reinforcing existing health inequalities. Hart's inverse care law is not only reflected in the CIM2 intervention but also highlights wider systemic issues in healthcare. Aamann et al (2025) demonstrate, using data from

the same intervention, how class-based inequalities in healthcare access are connected to "how patients from different social positions have different capacities to meet the normative ideal of patient behavior" (s. 16).[29] Aamann et al (2025) illustrate how middle-class patients actively engage with and navigate the healthcare system, while socially disadvantaged patients face structural barriers, as they risk being labeled as non-compliant when, in fact, they are constrained by material, social, and psychological disadvantages.[29] Aamann et al (2025) argue that differentiated care must be equity-oriented, and acknowledge underlying conditions that influence a patient's ability to engage with care.[29] Future interventions should therefore carefully consider how to ensure that the most vulnerable patients are not overlooked and consider the complexities of patients' lives.

Patient-Centeredness: Time, Communication, and Relational Continuity

The extended consultation benefited patients when doctor-patient communication was characterized by active listening from GPs who focused on patients' individual needs. As one patient noted, "He had suggestions about what could possibly be done. It was very positive. And I could feel that it was about me". Dennis and his spouse, Marie, similarly valued how the consultation helped him identify the full range of Dennis' health issues, noting that they had long wanted and asked for an extended consultation. Dennis described the consultation as gathering "the whole bouquet" of his health concerns. This aligns closely with Jens Ole and his wife's observations about the limited time in regular doctor visits to address multiple concerns. They emphasized how standard appointments often feel rushed and focused on a single health issue, forcing patients to prioritize their questions and concerns. Their experiences demonstrated the potential benefits of extended consultations in addressing time constraints. This finding aligns with previous research, which suggests that extended consultations may improve aspects of well-being and lead to changes in the health care plan, particularly for patients with complex health needs.[16,17] Building on these studies, our qualitative findings indicate that additional factors, such as continuity with a familiar GP who knows the patients' history, patients feeling understood and heard by their GP, and clear communication about the purpose of the extended consultation, are important for patients to benefit from extended consultations.

In addition, the experiences reported in this study are consistent with findings from other studies. Schiøtz et al found that patients with multimorbidity experienced care as disease-centered rather than patient-centered, and expressed a need for longer consultation time.[30] This aligns with our finding that patients who benefited most from the extended consultations were those who experienced regular appointments as rushed and felt that the extended consultation provided more time to discuss multiple concerns while feeling heard and understood by their GP. In contrast, patients like Julie described the consultation as superficial, noting her GP solely asked, "What do you think about your diabetes?" or "How is your heart doing?" This reflects disease centered approach that more time alone could not overcome.

Several patients expressed confusion regarding their selection for extended consultations. The patients, Julie, Dorte, and Lars, received no clear explanation of why they had been invited or what the consultation would entail, suggesting communication challenges regarding the purpose of the extended consultation. Lars even speculated about financial motivations, wondering if "there's probably money in it". For some patients, this confusion was compounded by the lack of continuity. Julie explicitly noted that having "someone I'd never met before" made the consultation feel superficial. In contrast, Mary saw her usual GP but still described her consultation as superficial, noting that her GP wrote referrals rather than engaged in discussions about her concerns. Additionally, several patients struggled to recall the extended consultation. Mary and Kenny had difficulty remembering the consultation, Mary stating, "I can hardly remember it", while two other patients, Michael and Jimmi, denied having attended any extended consultation despite being registered in RedCap. This recall difficulty may reflect the cognitive challenges common in CMM or the inability to distinguish extended consultations from numerous regular medical appointments. These varied experiences highlighted the importance of communication and relational continuity, demonstrating that the quality of consultations is not only about the extended time given to patients but also about how that time is utilized. This aligns well with Elmore et al, who found no strong link between consultation length and patient experience measures of communication,[19] suggesting that time alone does not guarantee improved patient-provider interactions.

Moreover, this experience is consistent with findings from Merode et al, who illustrate that patients with multimorbidity experience treatment burdens such as the organization of care.[31] This includes having to consult with different

specialists, managing a variety of conflicting medications or advice, and handling practical barriers such as transportation and waiting time.[31] Patients with multimorbidity can therefore experience a lack of medication or therapy, feelings of overwhelm, or a lack of empathy in the healthcare sector.[31] Mary's experience suggests these burdens are already present, as she said,

> Sometimes I think she's a bit… what's the word… a bit superficial, I think. Like, if I show her something, she simply writes that I need a referral. Then I have to be referred to another doctor.

This illustrates that the extended consultation must have a structured approach to addressing the underlying complexity of patients' care needs, as it risks that the intervention risks benefiting those who need it least.

Our findings demonstrated that while some patients valued extended consultation time, it alone did not guarantee a beneficial experience. Patients who found extended consultations helpful consistently emphasized factors beyond time, particularly the quality of the relationship and good communication with their GP. As Sam noted, what mattered was that "it was about me", highlighting how the GP's patient-centered approach and communication skills, not merely the extra minutes, created value. Although GPs in our study received training about consultation time and had preparation time before appointments, our findings suggest that more training on communicating the purpose and structure of extended consultations could be beneficial. Several patients left the consultation confused about why they had been selected or what had been achieved. Furthermore, patients themselves could benefit from preparation for these consultations; for instance, Julie and Dorte attended the consultation without understanding what to expect or what to prepare, which may have diminished their overall experience.

Strengths and Limitations

Our recruitment approach was likely attributable to inherent limitations in the design of the methodology; patients who agreed to participate in an interview may have established positive relationships with their GPs, potentially excluding those who were most disconnected from healthcare and might have needed extended consultations the most. These findings challenged the inclusion criteria for extended consultation as mentioned in the Data collection. Approaches based on diagnosis, hospitalizations, visits, and medication numbers should be supported by factors that determined who benefited from the extended consultations. Our data suggest that the inclusion criteria should include both clinical markers and subjective experiences, such as whether patients feel overwhelmed by their care, experience fragmented care trajectories, or express a need for in-depth discussions about their healthcare. With diverse combinations of conditions, symptoms, and life circumstances, it is difficult to design a single intervention model that can meet the needs of everyone.

In addition, it is important to acknowledge that not all components of the CIM2 model were fully implemented in the trial intervention. While the extended consultation formed the core of the intervention, the ICPs, cross-sectoral collaboration, and rehabilitation referrals were not realized as planned. This means that the study unintentionally evaluates the extended consultation in isolation rather than as part of a fully integrated care model. This limitation should be kept in mind when interpreting the findings.

The Absence of Individual Care Plans (ICP) and Cross-Sectoral Collaboration

The intention was to increase collaboration between sectors, but according to the patients, they did not experience this. Although ICP was part of the intervention, no participants in our study reported receiving it. According to the GPs, the main reason for this was the practical challenge of updating the ICP once it had been printed and handed out to patients, especially regarding medication. This will be analyzed in a forthcoming article on GPs' experiences.

Conclusion

This study highlights both the potential and limitations of extended consultations for patients with CMM. While some patients valued the extended time to discuss multiple concerns and felt heard by their GP, these benefits were not experienced by all. Limitations included unclear communication about the purpose of the extended consultation, lack of continuity when patients were seen by a GP other than their regular GP, and limited awareness of ICPs. Additionally, the

patient with the most complex needs experienced the least benefit. These findings highlight that simply giving patients more time is not enough; that time needs to be supported by clear communication. It requires attention to the content of the consultation, who delivers it, and whether the GP is able to make the patient feel heard and understood. Ensuring that both patients and GPs are prepared for the consultation, and including patients' lived experiences and perceived needs in the inclusion criteria, could enhance future interventions. Future research should further explore how extended consultations can best be designed to support patients with CMM, with attention to avoiding the risk of reproducing the inverse care law and thereby reinforcing existing health inequalities.

Ethical Considerations and Consent to Participate

This study was conducted in accordance with the Declaration of Helsinki. According to institutional guidelines, formal ethical approval is not required at our institution for reporting individual cases or case series. All participants provided informed consent, including consent for publication of anonymized responses and direct quotes. The GPs recruited the patients, and those who agreed to receive information about the project were sent an invitation through their digital mailbox via REDCAP. They provided electronic consent, including consent for a potential interview.

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Disclosure

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