

## Foreword



Benjamin G. Druss, MD, MPH

Comorbidity and complexity are increasingly the rule rather than the exception in clinical care. Society's success in treating acute illnesses has resulted in longer lives but also increasing prevalence, burden, and costs of chronic conditions. Chronicity, in turn, is associated invariably with high levels of comorbidity; however, clinical training, reimbursement, and research funding all remain organized around discrete clinical conditions. The result is a growing disconnect between the health system, which focuses on single diseases, and patients' clinical needs, which often span multiple providers, disciplines, and systems of care.

This important issue of the *Medical Clinics of North America*, edited by Frits Huyse and Friedrich Stiefel, seeks to understand how better to deliver care for the “complex medically ill,” patients who have multiple medical, mental, psychosocial, or functional problems. Rather than focus on specific comorbidities, it addresses the broad themes regarding the identification, assessment, and management of these vulnerable patients. Many of the articles point toward integrated approaches as promising strategies for improving these patients' care.

The articles are written by many of the world's experts on these topics, and provide a combination of conceptual depth and empiric rigor. The international range of authors and study settings are a testament to how themes of complexity and comorbidity cut across multiple countries and settings of care.

The recently-released Institute of Medicine report “Improving the Quality of Health Care for Mental and Substance Use Conditions” found that

deficits in quality of care for persons with behavioral conditions were as great or greater than the problems faced by persons with other medical problems. Many of these gaps result from fragmentation within the general and behavioral health system, and between the behavioral health and general medical systems. One of the most promising ways of understanding and improving care across these sectors is to understand and improve care for patients whose needs cut across them. This issue provides an invaluable step in that direction.

Benjamin G. Druss, MD, MPH

*Emory University*

*Rollins School of Public Health*

*1518 Clifton Road, NE, Room 606*

*Atlanta, GA 30322, USA*

*E-mail address: [bdruss@sph.emory.edu](mailto:bdruss@sph.emory.edu)*