

# Patient experience in chronic condition management: From episodic care to indispensable part of daily life

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**Haichang Xin**Department of Medicine, Heersink School of Medicine,  
University of Alabama at Birmingham, USA**Correspondence:** Haichang Xin, PhD Assistant Professor,  
Department of Medicine, Heersink School of Medicine,  
University of Alabama at Birmingham, 1720 2nd Ave South,  
Birmingham, AL 35294, USA**Received:** January 20, 2026 | **Published:** January 30, 2026

## Editorial

### Indispensable part of daily life

While health systems across the world continue to manage chronic illness as if it were a series of isolated clinical events rather than a continuous human experience, chronic conditions linger, evolve, and intertwine with patients' daily lives. Diabetes, asthma, heart failure, arthritis, chronic kidney disease, cancer, and countless others demand not only episodic medical care, but sustained adaptation. Coping with chronic conditions can be a long-term, often lifelong, incessant battle against recalcitrant physical and emotional distress. In this context, patient experience is not only an outcome of care, but also the care itself that affects an outcome. Patient experience in chronic condition management must be understood as the sum of their interaction with the health system, and their own self-management journey over time. It encompasses development of trust, respect, confidence, cultural sensitivity, and satisfaction. When these elements are overlooked, even clinically "successful" treatments can be substantially compromised in practice.

### The limits of a disease-centered model

Patient may have poor experience in chronic condition management because of the limitations of the mainstream disease-centered model. Appointments are often brief, fragmented across specialties, and focused narrowly on lab values or symptom checklists. Patients are expected to comply with complex treatment regimens while navigating financial constraints, work responsibilities, family roles, and psychological distress—often with minimal guidance. Many a time, patients cannot adhere to care plans because plans fail to fit their lives. A medication schedule, a fitness plan, or a dietary regimen that often ignores work hours, cognitive burdens, cultural practices, or side effects is not a plan; it is an assumption. Patients often interact with multiple providers over years or decades. Inconsistent care plans, poor care coordination, and frequent provider changes erode trust and place the burden of integration on patients themselves. From the patient's viewpoint, repeating their story at every visit is exhausting. Continuity—whether through long-term provider relationships, shared care plans through centralized systems like electronic health records—creates a sense of safety and partnership. Trust grows when patients feel that providers remember them, respect their preferences, and take responsibility beyond the walls of the clinic.

### Experience as a determinant of outcomes

Mounting evidence shows that patient experience is directly linked to clinical outcomes in chronic disease management. Patients who feel respected, informed, and involved in decision-making are more likely to adhere to treatment, engage in self-care behaviors, and seek

help early when problems arise. Conversely, negative experiences—confusing instructions, poor communication, or lack of continuity—contribute to avoidable hospitalizations, disease progression, and burnout. When systems add complexity instead of clarity, they become barriers rather than support. Patient experience, reflecting these barriers, should be viewed as a clinical quality indicator, not merely a satisfaction metric.

### The emotional landscape of chronic illness

Currently, most health interventions continue to prioritize biomedical metrics over the social and emotional components of care delivery. One of the most overlooked aspects of chronic condition management is the emotional toll. Patients may receive excellent biomedical treatment while their mental and emotional struggles go unaddressed. While many conditions lack a definitive cure, the principle of "no cure, comfort always" thus has become increasingly important as a treatment component, especially in an era when a 'patient-centered' approach is gaining greater attention as crucial for the delivery of high quality care. The comfort component emphasizes the therapeutic role of the physician attitudes, which is associated with physicians' assurance and compassion, and translates to patients' trust, their compliance to treatment regimen and clinical effectiveness. Patients often experience fear, frustration, grief, and anxiety when chronic conditions become lifelong. A truly patient-centered approach recognizes that emotional well-being is not optional—it directly affects symptom perception, motivation, lifestyle, and quality of life. Listening, validating concerns through empathy, and acknowledging uncertainty can be as therapeutic as prescribing medication.

### Patient-centered experience

Improving patient experience in chronic condition management requires a fundamental mindset shift: from managing diseases to partnering with people. This means co-creating care plans, respecting patient goals (which may differ from clinical targets), and recognizing patients as experts in their own lives. Patient experience must guide improvement in care facilitation, such as innovation in digital health tools, remote monitoring, and patient portals. Not all patients are technologically confident, have reliable internet access,

or want constant data tracking, especially patients who are old, have disabilities, or mental problems. Clarity, simplicity, and accessible assistance are essential to ease patients' burden. Improving patients experiences also requires health systems to measure what matters. Beyond readmission rates and HbA1c levels, we should ask: from behind the limited information carried by these cold indicators and measures, is a patient treated as a whole person with their outlooks, values, priorities, emotions, and respect being acknowledged to deal with chronic conditions? Do they feel empowered? Can they realistically follow the care plan? Do they have confidence and hope in managing their health day to day? Are they ready to accept or embrace their long term or lifelong disease burden?

## Conclusion

Chronic conditions redefine what it means to receive care. They transform patients into long-term participants in the health system, not

temporary visitors. If healthcare systems wish to improve outcomes, control costs, and honor the dignity of those they serve, they must stop treating patient experience as an add-on. In chronic condition management, patient experience is the intervention, determinant, and outcome as well.

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## Conflicts of interest

The author declares there is no conflict of interest.