

# Case management in primary care among frequent users of health care services with chronic conditions: a realist synthesis?



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## BACKGROUND

- Case management (CM) appears to be a promising intervention to improve health care management for frequent users and to reduce health care costs.
- CM offers support to patients and their families to manage their medical and social issues more effectively, and improve their health status and healthcare use.
- While extant reviews provide evidence for the effectiveness of CM, the causal mechanisms underpinning this intervention and how contextual factors influence the link between these causal mechanisms and the intervention outcomes remains unknown.

## AIM

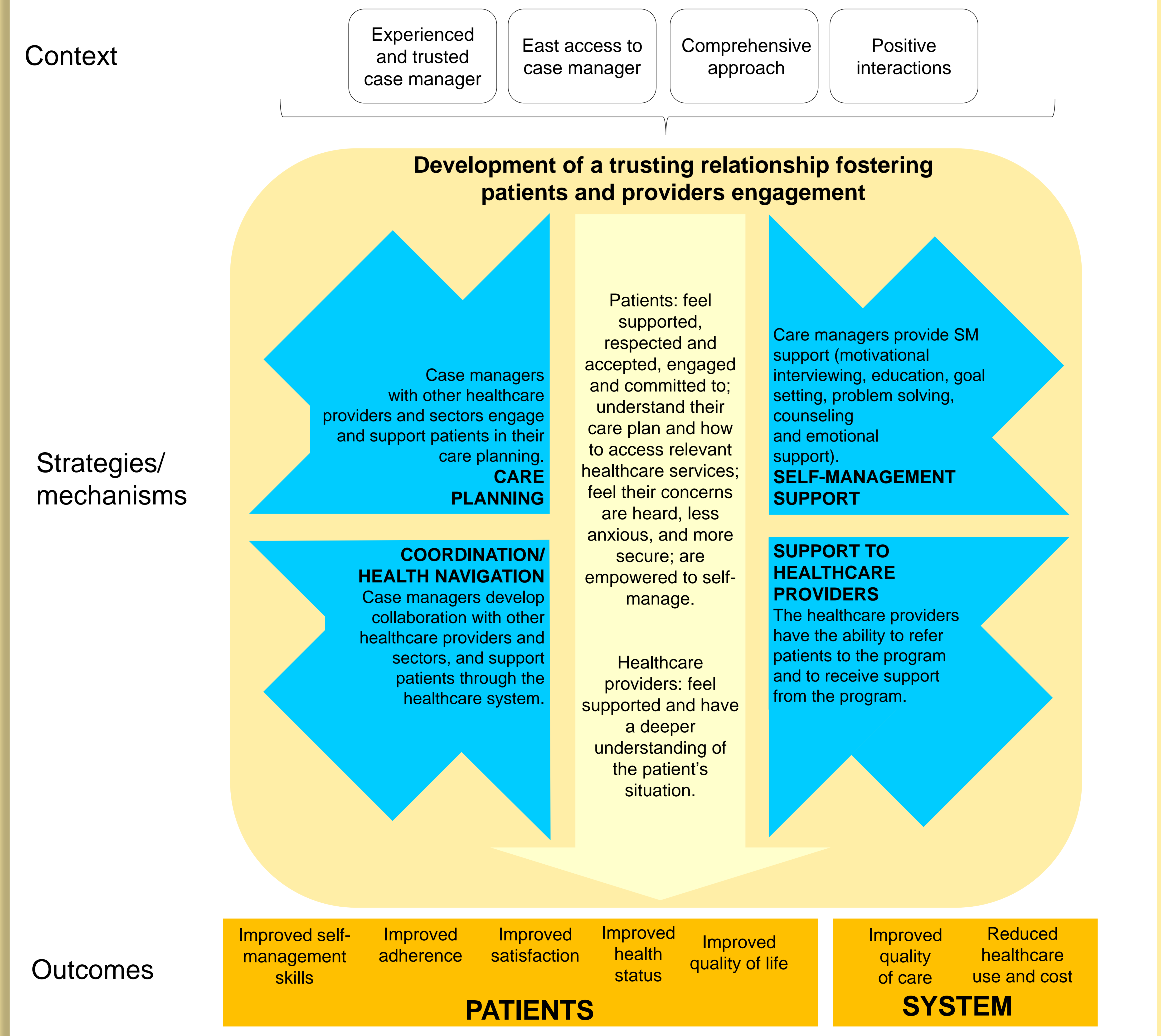
- This RS aimed to develop a middle-range theory that explains how CM in primary care works to improve outcomes among which types of frequent users with chronic conditions, and in what circumstances.

## METHOD

- Realist synthesis (RS) methodology is particularly valuable to synthesize evidence about complex social interventions involving a chain of processes, to identify underlying and invisible generative mechanisms and examine how they operate under different conditions.
- Realist methods are often represented as context + mechanism = outcome (CMO)
- This RS followed the five stages recommended by Pawson : (1) Focusing the scope of the RS and promoting stakeholder engagement, (2) searching for evidence, (3) appraising the quality of evidence, (4) extracting the data, (5) synthesizing the evidence.

## RESULTS

### Middle-range theory about how CM works in primary care for frequent users with chronic conditions



## DISCUSSION

- This middle-range theory accounts for the importance of contextual factors, such as easy access to a trusted case manager who provides comprehensive care, while maintaining positive interactions with patients, for the success of CM interventions.
  - These results show that it is the development of the trusting relationship that triggers patients' and providers' engagement (mechanism) in the CM.
- Strengths and limitations:**
- Results are anchored in the empirical literature and the practical experience of CM stakeholders across Canada.
  - Limited descriptions available about the CM interventions and how individuals reacted to CM intervention.

## CONCLUSION

- This RS will lead to patients' self management, reduced misuse of health care services, and reduced health care system costs.

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## REFERENCES

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