CASE MANAGEMENT IMPLEMENTATION IN PRIMARY CARE CLINICS IN NOVA SCOTIA

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Context

Patients with **multiple chronic conditions** require an interprofessional team of healthcare providers to meet complex health and social services needs leading to integration of care difficulties.

Case management (CM) is a **collaborative approach used to assess, plan, facilitate, and coordinate care to meet individual/patient and family healthcare needs**. This is done through communication and available resource use in all sectors of healthcare, as well as sectors outside of the health system. The intent is to improve individual and health system outcomes.[1]

Despite strong evidence supporting CM as an approach for patients who frequently use health services, there is a **lack of contextual evidence** about its implementation in primary care.[2]

Objectives

Generate findings on **implementation of CM in primary care** for individuals with chronic conditions and complex healthcare needs who frequently use healthcare services.

Implement evidence-based CM that will not only **improve care experiences and outcomes**, but will also **reduce the use of healthcare services** by these individuals and related costs.

Setting

2 primary care clinics in Western Zone, **Nova Scotia**

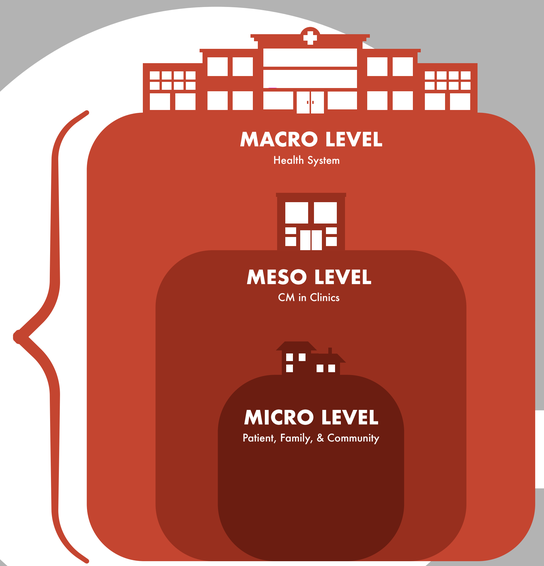
- **Birchwood Professional Centre – New Minas**
- **Shelburne Family Practice**

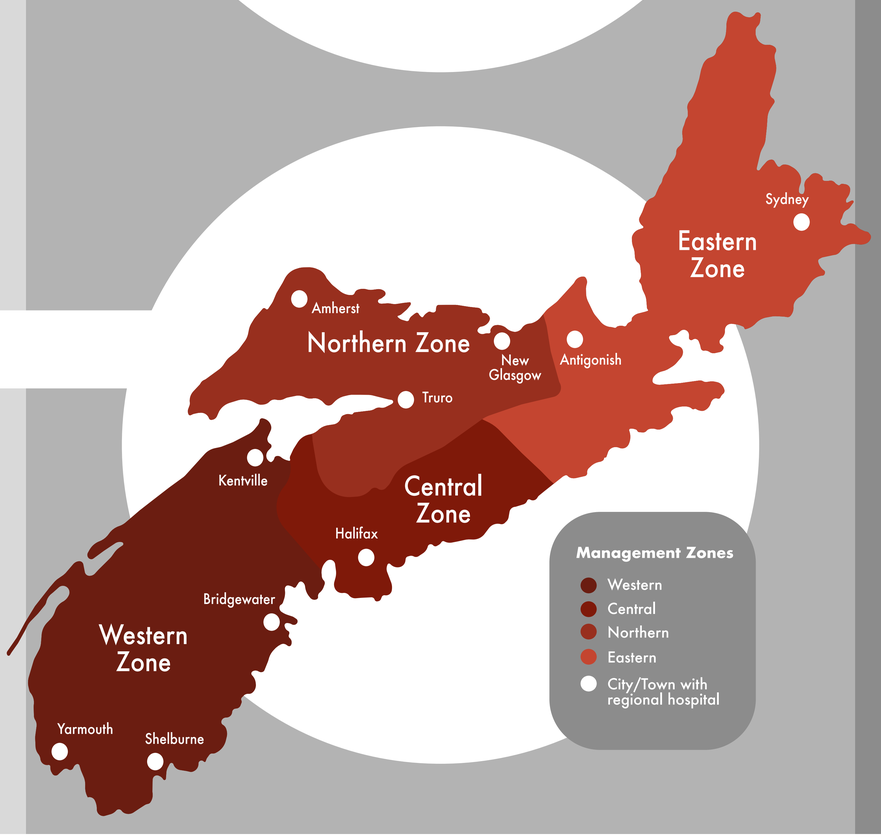
Part of a larger study including 10 primary care clinics: 2 in **SK, QC, NB, NL,** and **NS**

Participants

- Two 12 month cohorts of 30 participants per clinic with **one or more chronic condition who frequently use health services**. A recurring definition of **frequent use is 4 or more Emergency Department visits in 12 months**.[3]
- Family members, as defined by patients.
- Healthcare professionals and office managers at primary care clinics in study.

3 units of analysis





Design & Methods

- **Mixed methods multiple-case** embedded study and **Realist Evaluation**, implementing CM in primary care clinics.
- A Realist Evaluation (RE) is a **theory-driven approach for studying complex approaches to care** to explain how and why they are effective, under what conditions and for which groups of patients.[4]
- RE is based on **context (C), mechanism (M), outcome (O)** and a configuration of this trio is used for explaining and understanding complex relationships in a given approach to care.[4]
- Using RE, it is determined what mechanisms work, in what contexts and why, **to lead to specific outcomes**.[4]
- In the clinics, CM is administered by a **nurse case manager or social worker**.
- **Quantitative methods** include self-administered questionnaires, health service use clinical data, fidelity (accuracy) evaluation.
- **Qualitative methods** include semi-structured interviews, focus groups, non-participant observation of case management meetings.

Expected Oucomes

This study will provide a better understanding of **barriers and facilitators to CM implementation in different primary care contexts.**

Study results will **inform patients, families, healthcare professionals, policy makers, and researchers** about how and why CM is effective, under what conditions and for which groups of patients.

References

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