

# Integrated case management between primary care clinics and hospitals for frequent users of healthcare services: A multiple-case embedded study

Catherine Hudon MD, PhD, CMFC
Département de médecine de famille et médecine d'urgence, Université de Sherbrooke
Centre de recherche du CHUS

ICIC21 Virtual Conference May 2021













#### **Team members**

- Principal investigators: Catherine Hudon and Maud-Christine Chouinard
- Patient partner: Véronique Sabourin
- Research assistants: Annie-Pier Gobeil-Lavoie, Olivier Dumont-Samson and Mireille Lambert
- Co-Investigators: Yves Couturier, Marie-Eve Poitras and Thomas Poder
- Managers: Jean Morneau, Mélanie Paradis





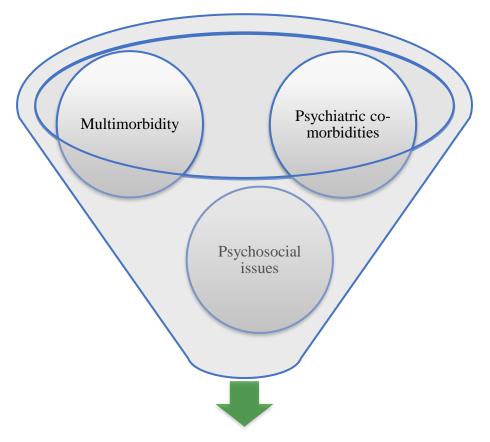








#### Frequent use of healthcare services

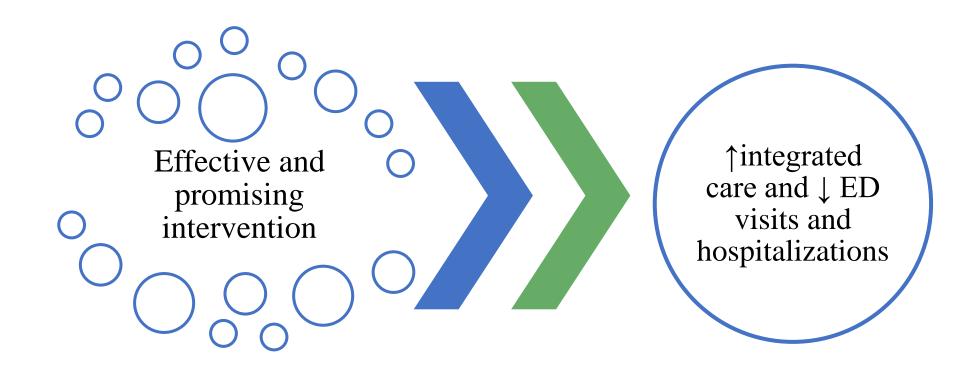


Complex needs (Chan 2002; Ruger 2004; Lee 2006) and frequent use of healthcare services (Joo 2017; Soril 2015)





#### Case management (CM) intervention



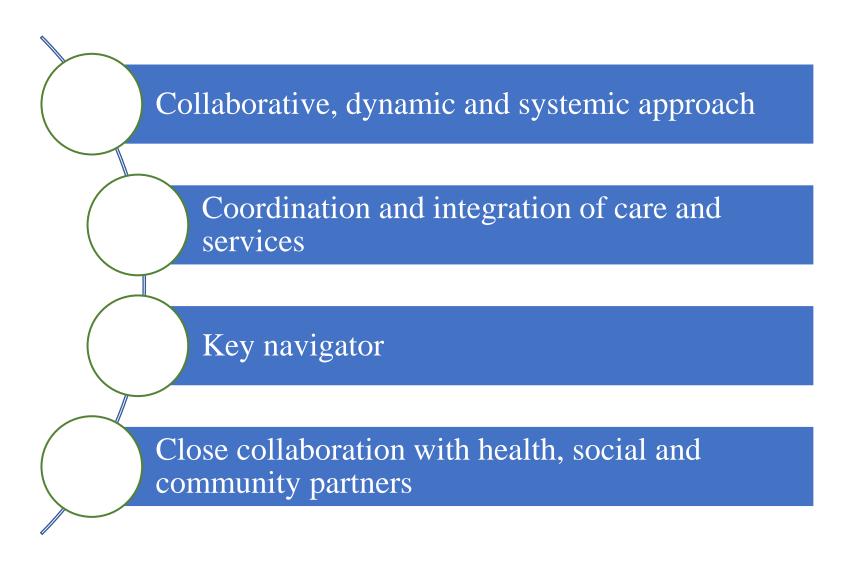
CM

Frequent users





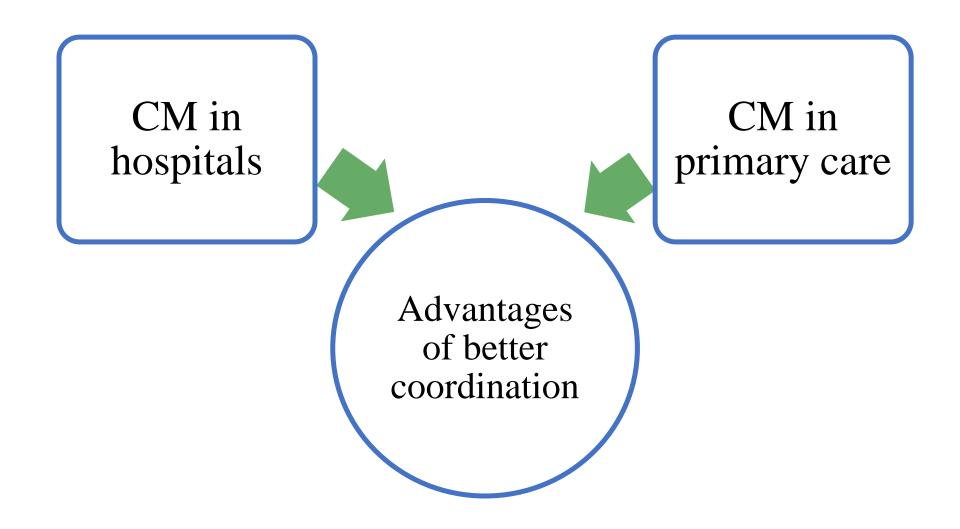
#### Case management (CM) intervention







# Case management (CM) intervention: settings





#### Aim of the study

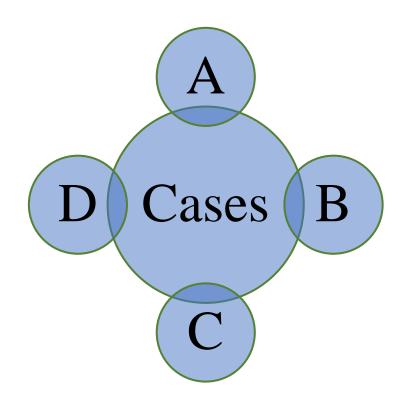
- To implement an integrated CM intervention where nurses of primary care clinics worked in close collaboration with a hospital case manager to provide an integrated CM intervention to frequent users of healthcare services
- \* To evaluate contextual factors facilitating or impairing implementation
- To evaluate qualitative and quantitative outcomes

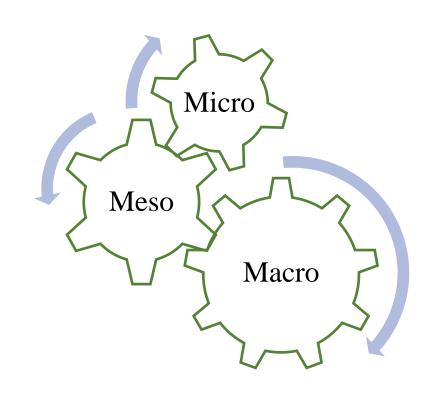




# Multiple embedded case study design

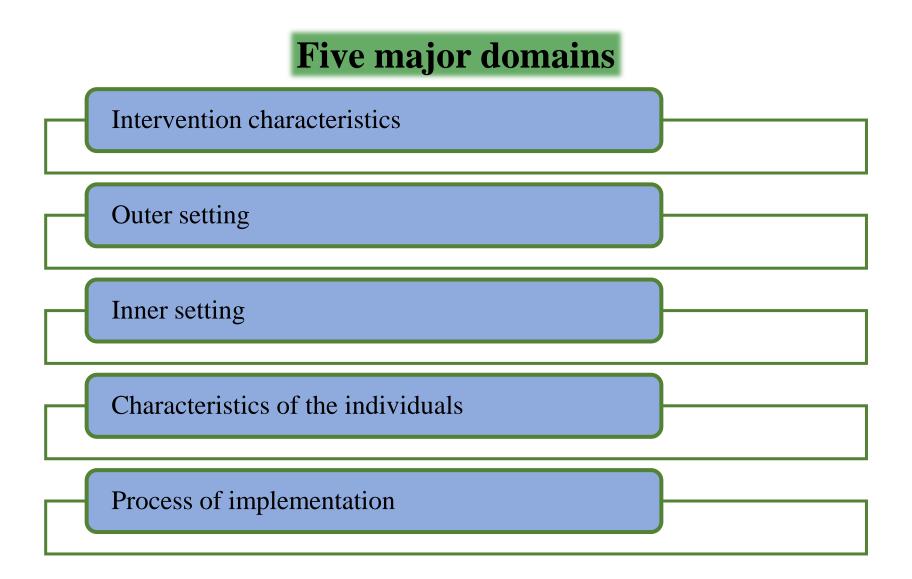
# Qualitative + Quantitative







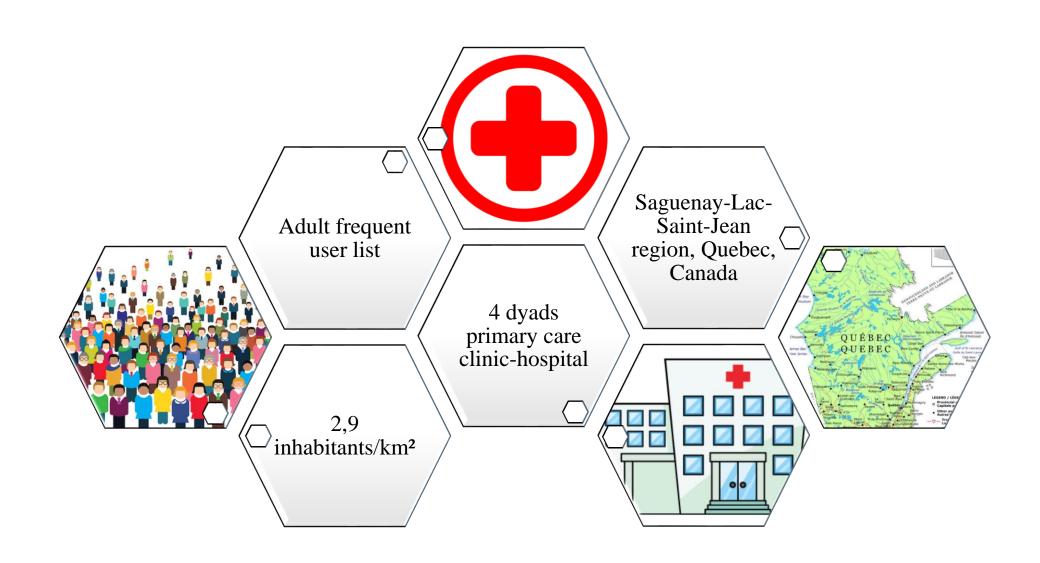
#### Consolidated Framework for Implementation Research (CFIR)







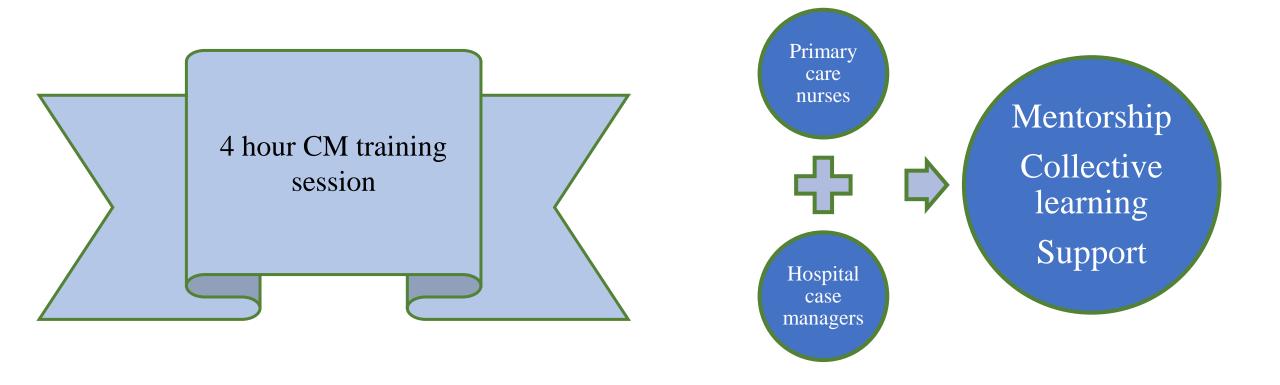
# **Setting and sampling**







#### CM training and community of practice







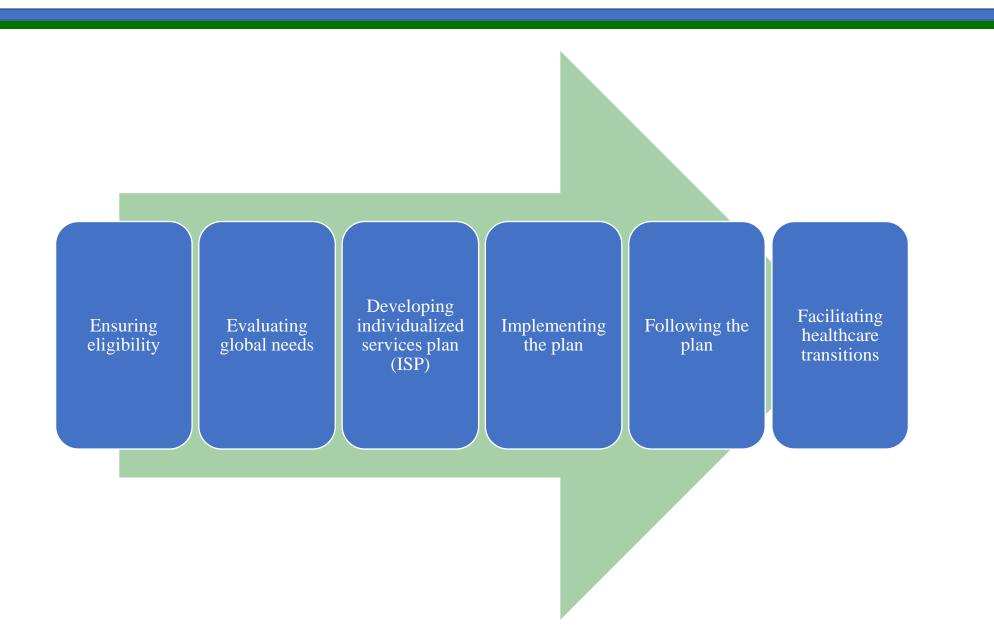
# Implementation committee

Meetings				
Purpose	Plan the project, obtain feedback from the field and address barriers			
Frequency	1h every 2 weeks during implementation			
Members	<ul> <li>2-5 managers</li> <li>1 patient partner</li> <li>1 research coordinator</li> <li>2 researchers</li> </ul>			





# **Integrated CM intervention steps**





#### Mixed-method data collection

Individual interviews and focus groups

Fieldnotes

Questionnaires

ED visits



#### **Quantitative measures**

#### Description

Morbidity

French version of the Disease
Burden
Morbidity
Assessment
(21 items)

#### Outcomes

Care integration

French version of the Patient Experience of Integrated Care Scale (13 items)

Selfmanagement

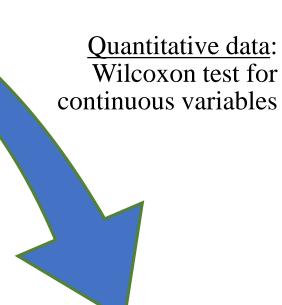
French version of the Partners in Health Scale (12 items)





# **Analysis**

Qualitative data: Deductive and inductive thematic analysis



Comparison and merging of qualitative and quantitative results for each case. Reporting and comparison of the 4 case stories





#### Characteristics of the clinic in each dyad

#### A

- 1 site
- External to hospital
- 14,000 registered patients

B

- 1 site
- Internal to hospital
- 15,000 registered patients

C

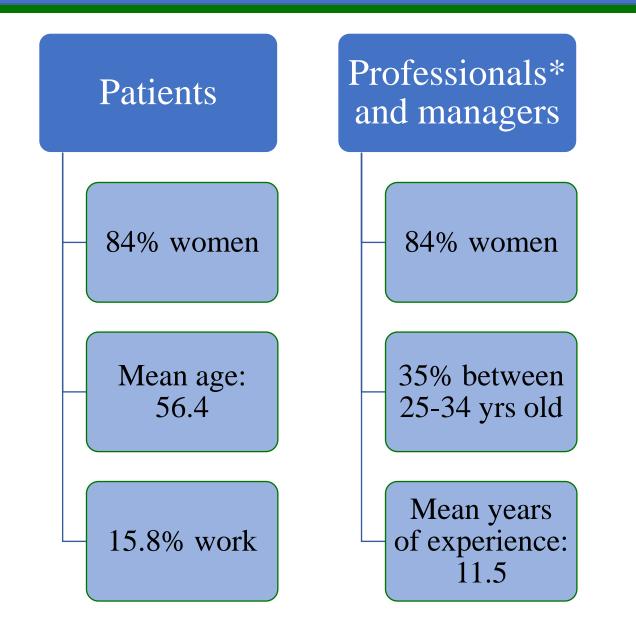
- 4 sites (1 participated)
- Internal to the hospital
- 27,000 registered patients

D

- 5 sites
- External to hospital
- 22,000 registred patients



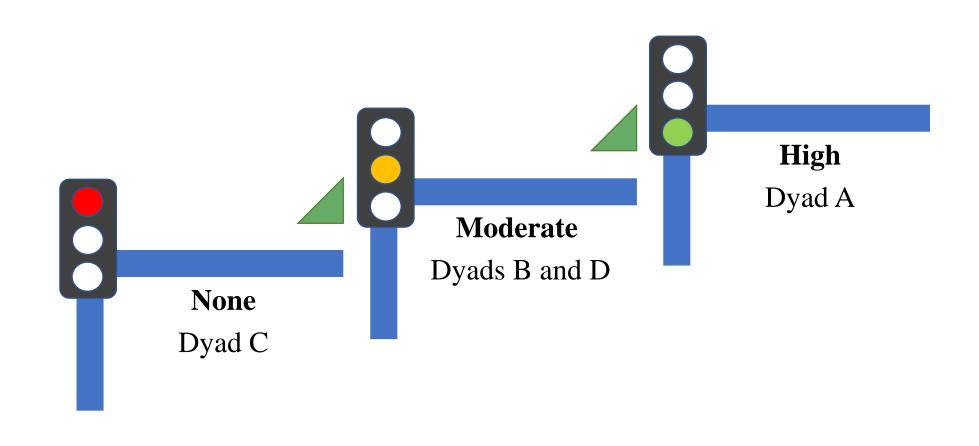
# Characteristics of the participants in the interviews and focus group



\*Including hospital case managers prinary care nurs alphy physicians and other healthcare professionals



# Implementation level







# Qualitative outcomes in each dyad

Outcomes	A	В	C	D
Easier and quicker care access	✓	✓	-	✓
Patients' feeling of security	✓	✓	-	✓
Better self-management	(+/-)	✓	-	✓
Better patient management	$\checkmark$	$\checkmark$	-	✓
Less ED visits	✓	✓	-	✓
Overall satisfaction with the intervention	✓	✓	-	



# Characteristics of participants who completed the questionnaire (n=33)

Characteristics					
Age: mean (SD)	56 (21)				
Women: n (%)	27 (84)				
Number of conditions: mean (SD)	5.6 (2.8)				
Most frequent conditions: n (%)					
Depression & anxiety	24 (73)				
Arthritis	19 (58)				
Overweight	19 (58)				
Back pain	18 (54)				





# Quantitative outcomes in each dyad

Outcomes	A N=8	B N=12	C N=2	D N=11
Care integration				
Baseline mean (SD)	31.1 (6.4)	36.6 (6.7)	37.0 (4.2)	32.3 (7.5)
6 months mean (SD)	43.6 (3.1)	39.3 (5.7)	43.0 (1.4)	37.6 (6.0)
P	0.01*	0.28	0.18	0.15
Self-management				
Baseline mean (SD)	73.9 (9.0)	76.2 (8.6)	87.0	74.2 (12.8)
6 months mean (SD)	81.1 (5.1)	76.4 (10.7)	77.5	75.3 (7.3)
P	0.06	0.48	-	0.67
<b>ED</b> visits				
Baseline mean (SD)	5.4 (2.1)	3.3 (2.8)	3.0 (4.2)	2.7 (2.0)
6 months mean (SD)	1.9 (3.7)	1.9 (2.0)	3.5 (3.5)	1.5 (1.4)
P	0.06	0.14	0.32	0.08



#### **Case stories**

• Great leadership of the whole team

A

- Great collaboration with hospital case manager
- Qualitative + quantitative outcomes
- Motivated to continue

В

- Difficulty in identifying patients
- Good support from hospital case manager
- Qualitative outcomes
- Motivated to continue if easier to identify patients

C

- No buy-in from the leader physician
- Almost no implementation
- No outcomes

 Lack of buy-in by the medical team at the beginning but great leadership from the leader physician and good support from hospital case manager

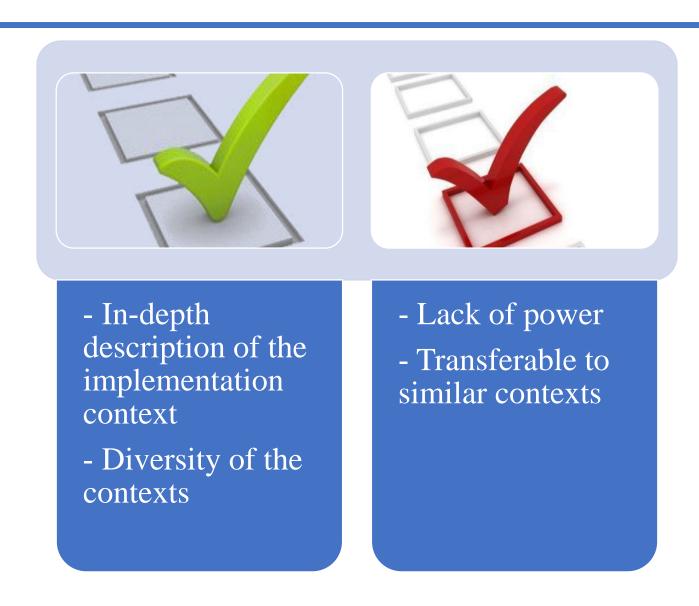
D

- Positive perception of the intervention by the primary care nurses
- Qualitative outcomes
- Motivated to continue





#### **Strengths and limits**





Future research: replicate on a larger scale with economic analysis



# **Key messages**

Integrated CM intervention = promising innovation

High level of implementation = positive impacts

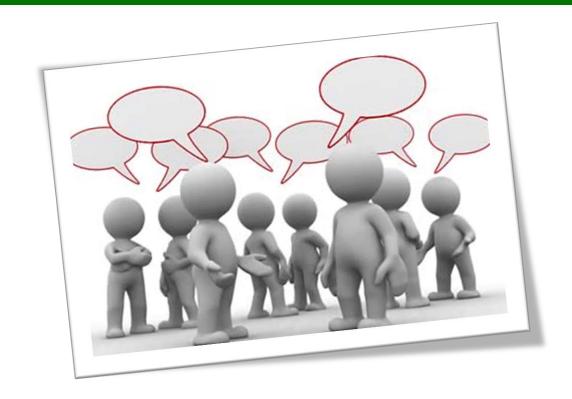
Collective leadership greatly facilitates implementation

Physicians' buy-in: an essential ingredient





#### **Questions?**



Catherine.Hudon@Usherbrooke.ca













Chan BT, Ovens HJ. Frequent users of emergency departments. Do they also use family physicians' services? Can Fam Physician. 2002;48:1654-60.

Ruger JP, Richter CJ, Spitznagel EL, Lewis LM. Analysis of costs, length of stay, and utilization of emergency department services by frequent users: implications for health policy. Acad Emerg Med. 2004;11(12):1311-7.

Lee KH, Davenport L. Can case management interventions reduce the number of emergency department visits by frequent users? Health Care Manag (Frederick). 2006;25(2):155-9.

Joo JY, Liu MF. Case management effectiveness in reducing hospital use: a systematic review. Int Nurs Rev. 2017;64(2):296-308.

Soril LJ, Leggett LE, Lorenzetti DL, Noseworthy TW, Clement FM. Reducing frequent visits to the emergency department: a systematic review of interventions. PLoS One. 2015;10(4):e0123660.

Althaus F, Paroz S, Hugli O, Ghali WA, Daeppen JB, Peytremann-Bridevaux I, et al. Effectiveness of interventions targeting frequent users of emergency departments: a systematic review. Ann Emerg Med. 2011;58(1):41-52 e42.

Hudon C, Chouinard M C, Dubois M F, Roberge P, Loignon C, Tchouaket E, et al. Case Management in Primary Care for Frequent Users of Health Care Services: A Mixed Methods Study. Ann Fam Med. 2018;16(3):232-9.

Hudon C, Chouinard MC, Lambert M, Diadiou F, Bouliane D, Beaudin J. Key factors of case management interventions for frequent us of healthcare Services: a thematic analysis review. BMJ open. 2017;2(10):e017762.



American Nurses Association. Nursing's social policy statement. Silver Spring: MD: American Nurses Association (ANA); 2010.

- Bodenmann P, Velonaki VS, Griffin JL, Baggio S, Iglesias K, Moschetti K, et al. Case Management may Reduce Emergency Department Frequent use in a Universal Health Coverage System: a Randomized Controlled Trial. J Gen Intern Med. 2016;32(5):508-15.
- Crane S, Collins L, Hall J, Rochester D, Patch S. Reducing utilization by uninsured frequent users of the emergency department: combining case management and drop-in group medical appointments. J Am Board Fam Med. 2012;25(2):184-91.
- Grover CA, Crawford E, Close RJ. The Efficacy of Case Management on Emergency Department Frequent Users: An Eight-Year Observational Study. J Emerg Med. 2016;51(5):595-604.
- Pillow MT, Doctor S, Brown S, Carter K, Mulliken R. An Emergency Department-initiated, web-based, multidisciplinary approach to decreasing emergency department visits by the top frequent visitors using patient care plans. J Emerg Med. 2013;44(4):853-60.
- Segal L, Dunt D, Day SE, Day NA, Robertson I, Hawthorne G. Introducing co-ordinated care (1): a randomised trial assessing client and cost outcomes. Health policy. 2004;69(2):201-13.
- Shah R, Chen C, O'Rourke S, Lee M, Mohanty SA, Abraham J. Evaluation of care management for the uninsured. Med Care. 2011;49(2):166-71.
- Sledge WH, Brown KE, Levine JM, Fiellin DA, Chawarski M, White WD, et al. A randomized trial of primary intensive care to reduce hospital admissions in patients with high utilization of inpatient services. Dis Manag. 2006;9(6):328-38.



- Yin RC. Case study research: Design and methods. 5th ed. Thousand Oaks, CA: Sage Publications; 2014.
- Gerring J. Case study research: principles and practices. Cambridge: Cambridge University Press; 2007.
- Hudon C, Chouinard MC, Lambert M, Dufour I, Krieg C. Effectiveness of case management interventions for frequent users of healthcare services: a scoping review. BMJ open. 2016;6(9).
- Gaudet S, Robert D. Choisir des outils pour réaliser un terrain de recherche. L'aventure de la recherche qualitative. Du questionnement à la rédaction scientifique: University of Ottawa Press; 2018. p. 81-122.
- Chew LD, Bradley KA, Boyko EJ. Brief questions to identify patients with inadequate health literacy. Fam Med. 2004;36(8):588-94.
- Hudon E, Hudon C, Lambert M, Chouinard MC. Validation of a French-language version of a patient-reported measure of integrated care. North American Primary Care Research Group Annual Meeting. 2016.
- Bayliss EA, Ellis JL, Steiner JF. Subjective assessments of comorbidity correlate with quality of life health outcomes: Initial validation of a comorbidity assessment instrument. Health and Quality of life Outcomes. 2005;3:51.
- Poitras M-E, Fortin M, Hudon C, Haggerty J, Almirall J. Validation of the disease burden morbidity assessment by self-report in a French-speaking population. BMC Health Service Research. 2012;12:35.
- Smith D, Harvey P, Lawn S, Harris M, Battersby M. Measuring chronic condition self-management in an Australian community: factor structure of the revised Partners in Health (PIH) scale. Qual Life Res. 2017;26(1):149-59.



Hudon E, Hudon C, Lambert M, Chouinard MC. Measuring self-management of patient with chronic disease in primary care: Validation of a French-language version of the Partner in Health Scale. North American Primary Care Research Group Annual Meeting. 2016.

Miles MB, Huberman AM, Saldaña J. Qualitative Data Analysis: A methods sourcebook. 3e ed. London: Sage Publications Inc; 2014.

Pluye P, Bengoechea E, Granikov V, Kaur N, Tang D. A World of Possibilities in Mixed Methods: Review of the Combinations of Strategies Used to Integrate Qualitative and Quantitative Phases, Results and Data. Int J Mult Res Approaches 2018;10:41-56.

Korstjens I, Moser A. Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. Eur J Gen Pract. 2018;24(1):120-4.