



SUCCESSFUL ORGANIZATIONAL CONDITIONS AND PITFALLS OF THE IMPLEMENTATION OF A CASE MANAGEMENT PROGRAM FOR PEOPLE WITH COMPLEX NEEDS

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BACKGROUND

- Adults with complex needs live with physical and mental health challenges and/or social vulnerability and may frequently use healthcare services [1]
- Case management (CM) is the most evidence-based intervention to improve patient well-being and decrease healthcare costs [2]
- Few studies have evaluated successful organizational conditions for the implementation of CM for this population, with a view to scaling up

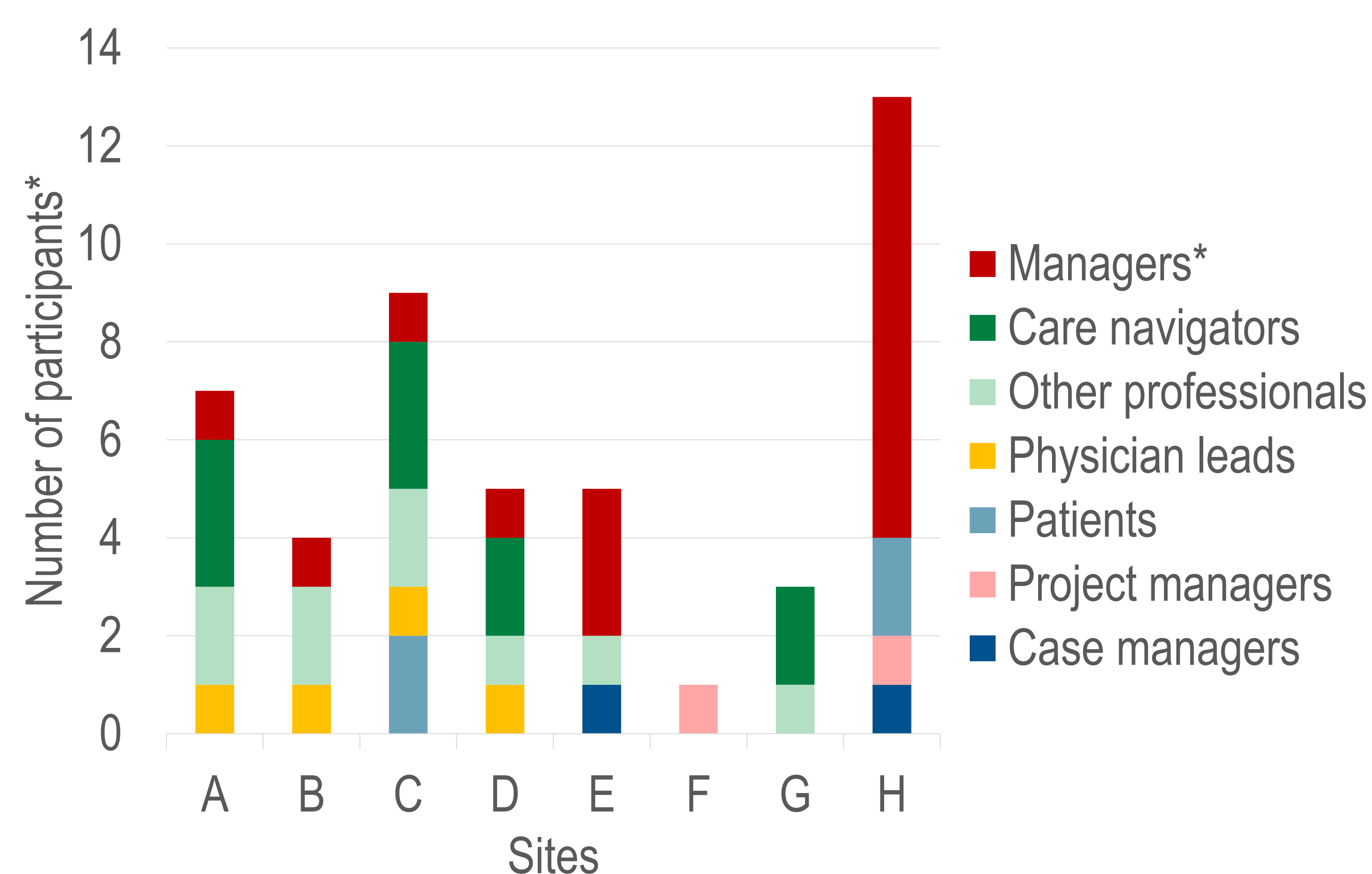
OBJECTIVES

- To implement a CM program for adults with complex needs delivered by case managers in a health center, and care navigators in primary care clinics
- To evaluate organizational and governance factors influencing this implementation
- To identify the pitfalls to avoid and the essential conditions to embrace before further program scale-up

METHODOLOGY

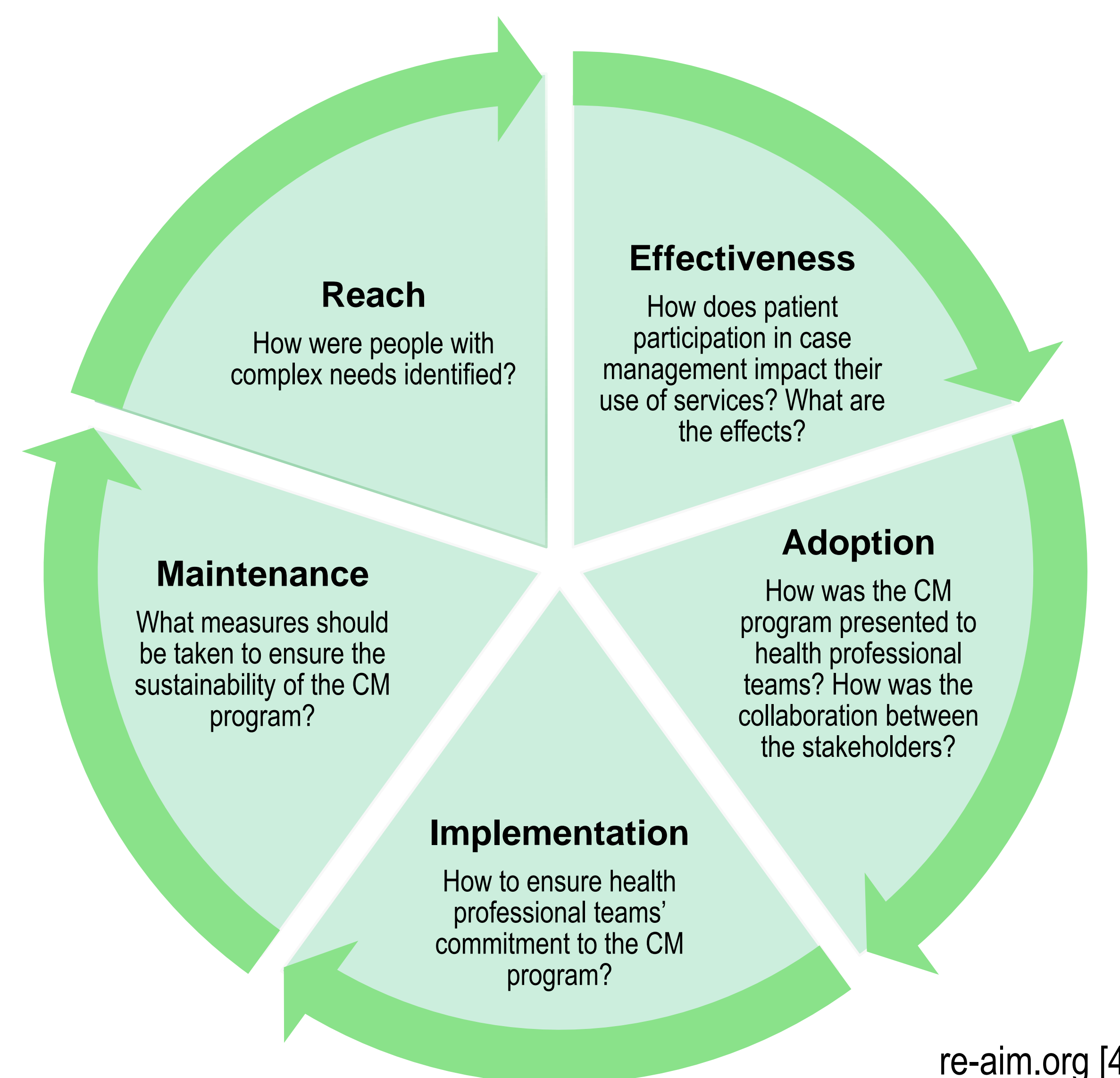
- **Design:** Qualitative descriptive multiple case studies
- **Setting:** Two urban health organizations, in the Montreal and Outaouais regions (Quebec, Canada), involving 4 and 2 primary care clinics, respectively
- **Data collection:** Participant observation at every step of implementation, including 24 meetings of the implementation committee, from October 2021 to June 2023, and semi-structured interviews with 40 stakeholders from December 2022 to June 2023
- **Analysis:** Inductive thematic analysis

PARTICIPANTS



*One manager and one "other professional" were affiliated with sites B and C. One "other professional" was affiliated with sites A, B, C and D.

THE RE-AIM MODEL USED TO DEVELOP OBSERVATION GRIDS AND INTERVIEW GUIDES [3]



CASE CHARACTERISTICS

	Case 1	Case 2
Population density	Very high	High
Case managers and care navigators' location	• Case managers at the hospital, care navigators in primary care	
Implementation meetings	• Operational committee: 8 • Clinical support: 20	• Operational committee: 12 • Clinical support: 8
Stakeholders in charge	• 2 case managers • 1 program manager • 1 project manager • CM experts	• 1 case manager • 8 program managers (8 departments) • 2 project managers • CM experts
Positive organizational factors	• Case manager's great interpersonal and leadership skills • Substantial support for care navigators • Knowledge and interest in integrated care	• Continuous improvement and collaborative culture • Clear governance structure • Role of case manager legitimized by senior management • Communication about the implementation started in different directions
Negative organizational factors	• Limited support from upper management • Case manager's wide range of tasks aside from CM interventions	• Exacerbated and critical health staff shortage • Case managers shared between hospital bed management and case management tasks
Sustainability	• Program is ongoing	• Program has been paused

RESULTS

Themes	Issues	Successful conditions to scale up
Governance	Vision of the CM role	<ul style="list-style-type: none"> • Support and trust from all levels of the organization • Designated leader with decision-making authority • Governance adapted to the organizations
Communication within the organization	Informing stakeholders about the implementation of the CM program	<ul style="list-style-type: none"> • Upstream communication plan ensuring CM legitimacy • Sharing the successes of the CM program
Information access and transfer	Number of information systems	<ul style="list-style-type: none"> • Access to patient medical information • Flexible administrative processes • Centralized IT systems
Support for case managers and CNs	Available resources and support	<ul style="list-style-type: none"> • Community of practice between case managers and navigators • Support and access to experts, especially in mental health and addictions
Evaluation	Prioritization of the evaluation	<ul style="list-style-type: none"> • Continuous evaluation based on quantitative (costs and resources) and qualitative (patient outcomes) indicators • Capacity to demonstrate success

STRENGTHS AND LIMITATIONS

STRENGTHS

- Focus on governance and organizational aspects of CM implementation
- New insights into essential organizational conditions for readiness to scale up the CM program and identify pitfalls

LIMITATIONS

- Difficult for people with complex needs to participate in evaluation to measure the effectiveness of the intervention
- Limited accessibility of information about patients and interventions within the organizations to measure patient reach

CONCLUSION

This study provides information to researchers and decision-makers interested in scaling up a CM program for people with complex health and social care needs in hospital and primary care settings

REFERENCES

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