Case management program for frequent users of healthcare services: an implementation analysis

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BACKGROUND

- Case management programmes (CMP) for frequent users of healthcare services promote patient care improvement and cost reduction.[1]
- Program outcomes vary substantially depending on the context of their implementation.[2]
- An analysis of the implementation of CMPs can help to explain these variations and the optimal context for better outcomes.[3]
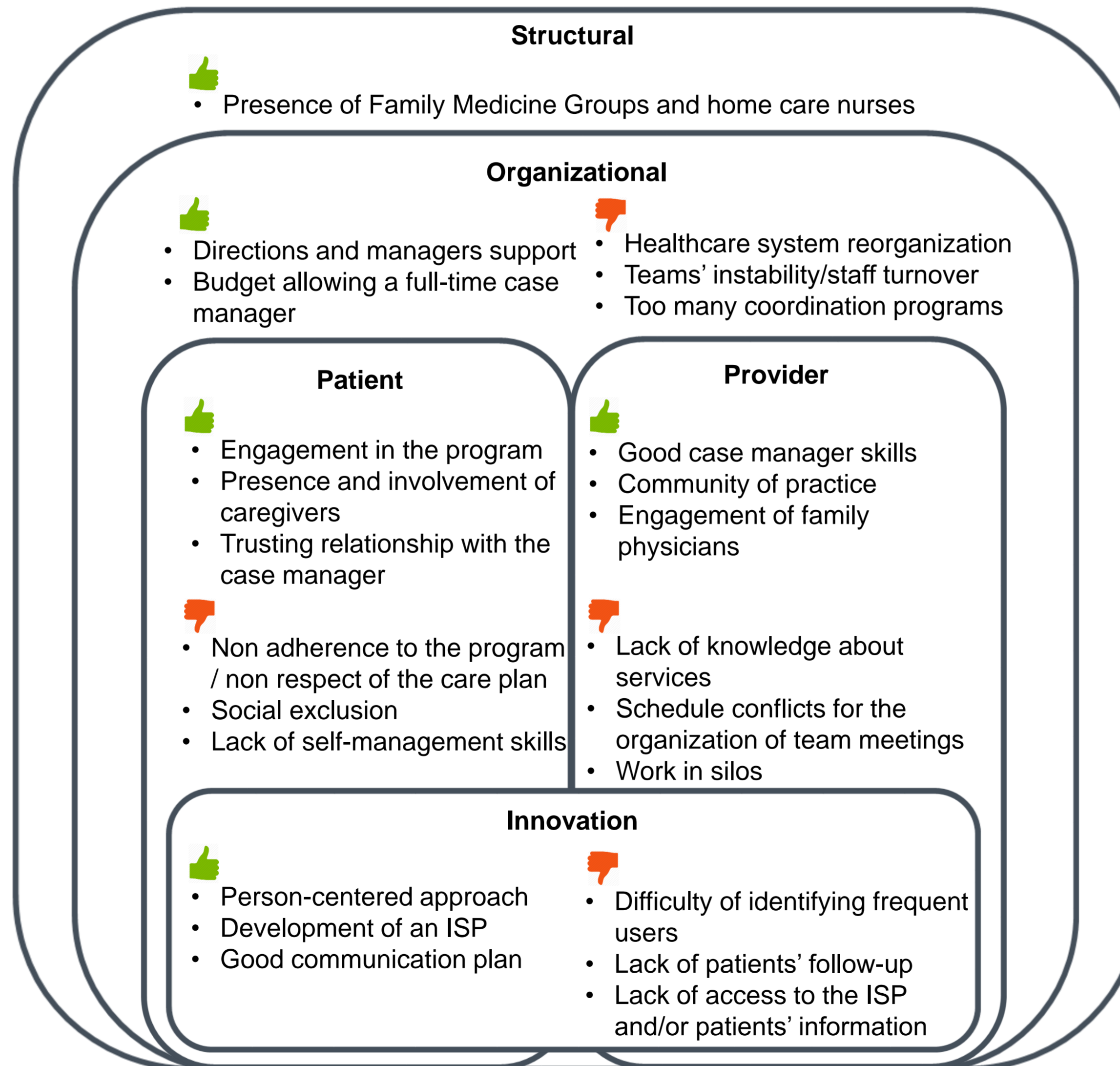
OBJECTIVE

- To examine the influence of the implementation context on the outcomes of a CMP.

METHODS

- Approach: qualitative multiple case study with nested analysis levels (macro, meso, micro) using a program implementation analysis strategy;[4]
- Setting: six Health and Social Services Centers (HSSC) of the Saguenay-Lac-Saint-Jean region (QC, CAN), corresponding to each case;
- Frequent users: adults having 6 or more visits to the emergency departmentt or 3 or more hospitalizations in the previous year;
- Data collection: in-depth interviews and focus groups with stakeholders (n=71) and participant observation (n=39);
- Thematic analysis: Management and data reduction with NVivo V.11;
- Chaudoir et al.'s five categories of factors influencing implementation outcomes.[3]

PRELIMINARY RESULTS

Fig. 1 A multi-level framework predicting implementation outcomes of CMP for frequent users of healthcare services

Structural

- 👍 Presence of Family Medicine Groups and home care nurses

Organizational

- 👍 Directions and managers support
- Budget allowing a full-time case manager
- 👎 Healthcare system reorganization
- Teams' instability/staff turnover
- Too many coordination programs

Patient

- 👍 Engagement in the program
- Presence and involvement of caregivers
- Trusting relationship with the case manager
- 👎 Non adherence to the program / non respect of the care plan
- Social exclusion
- Lack of self-management skills

Provider

- 👍 Good case manager skills
- Community of practice
- Engagement of family physicians
- 👎 Lack of knowledge about services
- Schedule conflicts for the organization of team meetings
- Work in silos

Innovation

- 👍 Person-centered approach
- Development of an ISP
- Good communication plan
- 👎 Difficulty of identifying frequent users
- Lack of patients' follow-up
- Lack of access to the ISP and/or patients' information

DISCUSSION

Ensure organizational support

Engage the patient in the program

Secure adequate budget

Develop a trusting relationship

Choose a case manager with good skills

Involve caregivers

Organize a community of practice

Adopt a person-centered approach

Engage family physicians

Develop an individualized services plan

OUTCOMES TO BE REPORTED

Variations of outcomes such as self-management practices, experience of care, and use of services observed among HSSC are explained according to common and distinctive characteristics of the CMP contexts including primary care.

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- Collaborator: Danielle Bouliane

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