

# Chronic Diseases, Vulnerability and Frequent Use of Hospital Services: Insight into the Pre-Implementation Evaluation of an Intervention in Primary Care

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# CONTEXT

- -Chronic diseases (CD) are the leading cause of mortality accounting.
- A number of people with CD require increased health services due to characteristics increasing their vulnerability such as poverty, mental health disease and multimorbidity.
- -Patients with CD could benefit from a pragmatic intervention combining case management by a primary care nurse and self-management support.
- Implementation of such an intervention has to be based on a good understanding of the vulnerability factors of these users of health services.

# **OBJECTIVES**

Focused on perceptions of vulnerability expressed by informants, the pre-implementation evaluation aims to:

- 1) Examine the perceptions of health professionals and community organization representatives working directly with heavy users of services; and
- 2) Identify similarities and differences between the views shared by these different groups.

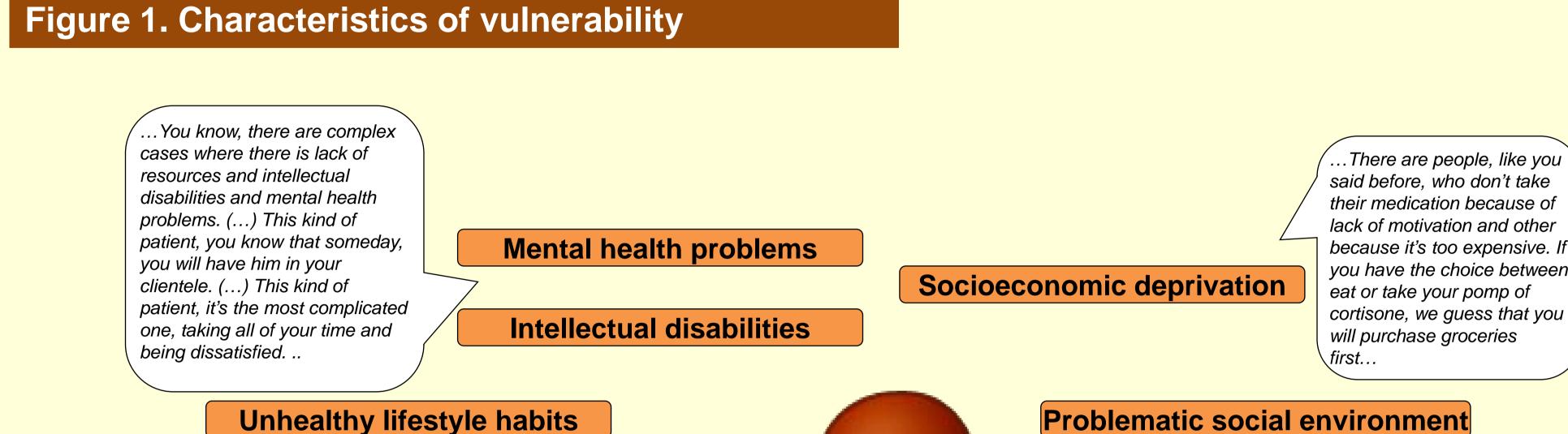
# **METHODS**

- Descriptive qualitative approach.
- Four Family Medicine Groups of the Saguenay-Lac-Saint-Jean region (Québec, Canada).
- Focus groups and individual interviews.
- Data collected:

	Focus groups	Individual interviews	
Family physicians	4	-	
(n)	(24)		
Primary care nurses	3	6	
(n)	(7)	(6)	
Community organization workers	2	-	
and volunteers	(10)		
(n)			
Pharmacists	2	-	
(n)	(10)		

- Thematic analysis of interview transcriptions.
- NVivo10 software.

# RESULTS



Low education

..I mean, for most of us, we are

who have difficulty reading simple

things (...) Someone may be able

educated, but there are people

to read a health instruction by

correctly, it's not all people who

himself, but to understand it

have the ability to do that...

...You know, vulnerability can be structural. If someone was born in a less fortunate or educated environment (...) [his vulnerability] is not express in his disease, but it's there and follow him...

# **Multimorbidity**

...A complex patient, a vulnerable patient, it sounds to me like a patient with multiple chronic diseases Diabetes, chronic pain, cholesterol, people with multiple problems..

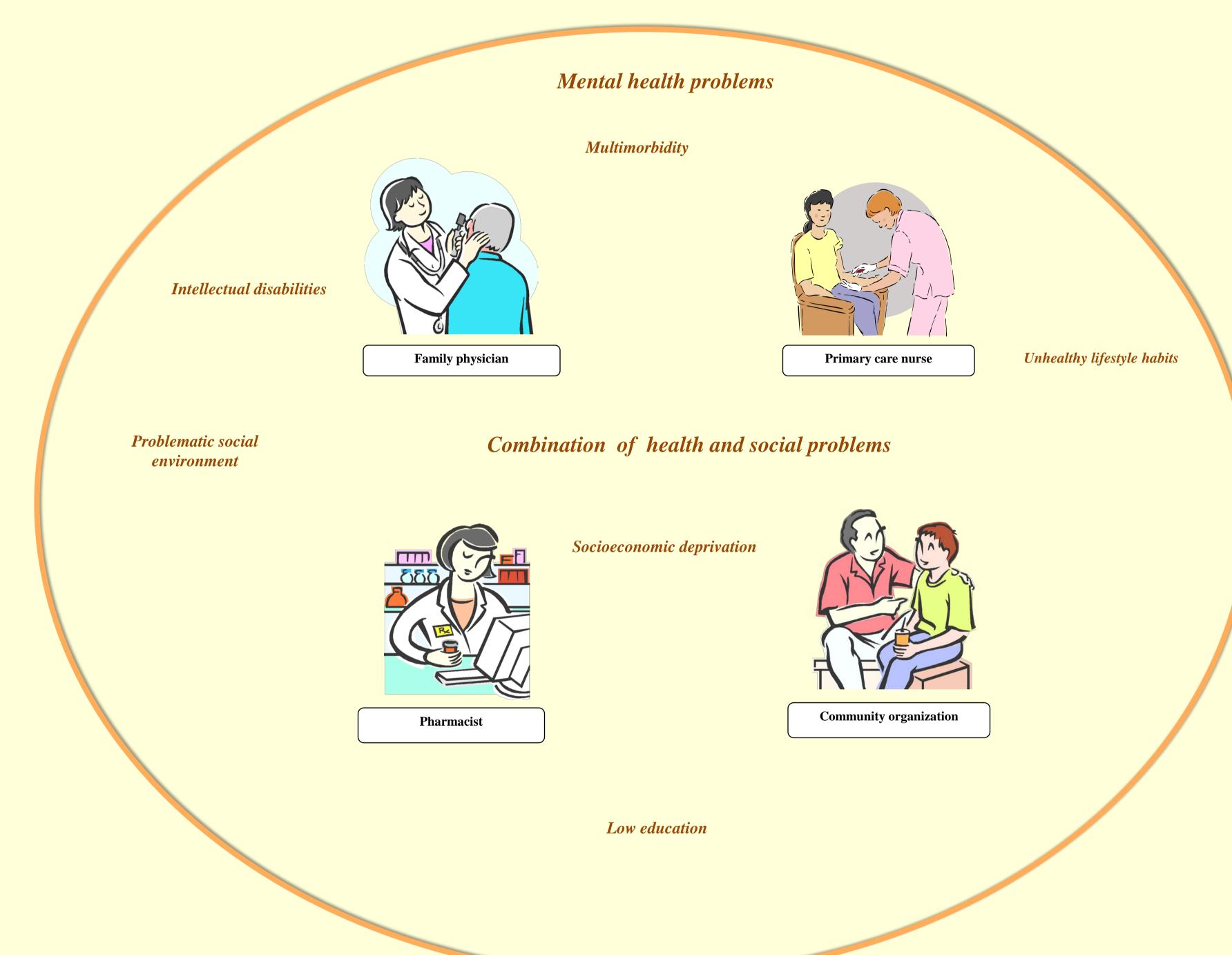


Figure 2. Sources of vulnerability through the lens of the community and health professionals

### Table 1. Informant characteristics

..There are people who don't

drinking alcohol at an older age.

They are really vulnerable and

they don't want to change their

habits and they don't want any

support. It's these patients at

the hospital who are deprived.

..In general, they are people with

pulmonary, musculoskeletal, social

and psychosocial problems, all

several problems, that have

diabetes, cardiovascular,

kinds of problems! ..

Combination of health and social problems

take care of themselves,

	Family physicians (24)	Primary care nurses (13)	Community organization workers and volunteers (10)	Pharmacists (10)
Sex (n)				
Female	13	12	8	4
Male	11	1	2	6
Age (n)				
25 to 34 years old	5	5	1	5
35 to 44 years old	2	6	2	1
45 to 54 years old	13	1	3	4
55 to 64 years old	4	1	3	0
65 to 74 years old	0	0	1	0
Years of experience (range values)	1 - 37	5 - 34	1 - 34	1 - 30

## DISCUSSION

The perspectives of the various stakeholders inform us on certain specific aspects of vulnerability. For example, community organizations look at vulnerability from a social environment perspective while health professionals focus on the clinical aspect of such vulnerability.

# CONCLUSIONS

The vision of each stakeholder provides us with a better understanding of vulnerability factors. For this reason, it is necessary to adopt a systematic approach and to integrate the different perspectives in order to come up with a global picture of vulnerability.

















