Using a realist approach to deepen evidence about how case management works for frequent users of healthcare services

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BACKGROUND

- Case management (CM) is a promising intervention for frequent users of healthcare services.[1]
- The effectiveness of CM for frequent users has been evaluated in systematic reviews, which reported positives outcomes.[2]
- However, a deeper understanding of how, when, and why CM is successful is needed for its effective implementation in different contexts.

OBJECTIVE

- To present the different steps of our work based on a realist approach to deepen evidence on how and under what circumstances does CM in primary care work to improve outcomes among frequent users of healthcare services with chronic conditions.

PriCARE PROGRAM

- Multidisciplinary research team established in 5 Canadian provinces: New Brunswick, Newfoundland-Labrador, Nova Scotia, Quebec, and Saskatchewan.
- Co-led by a community of patient and family partners.
- Aim to implement and evaluate a CM intervention led by nurse case managers in primary care for patients with chronic diseases and complex care needs that frequently use healthcare services.

STEPS

1. Realist synthesis (RS)

- 19 CM interventions evaluated
- 11 CMO and 2 demi-regularities identified
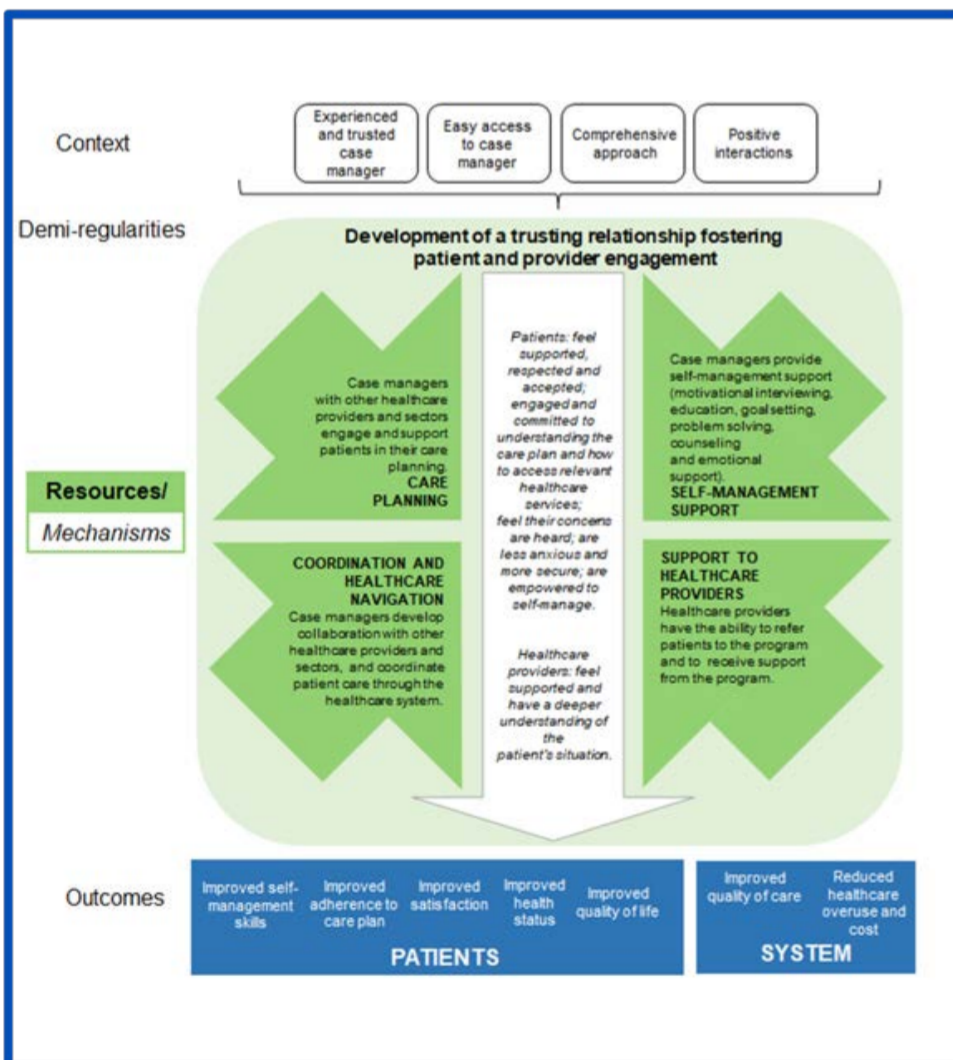- Development of initial program theory towards a refined one

2. PriCARE program[4]

- Researchers, decision-makers-managers, clinicians and patient partners
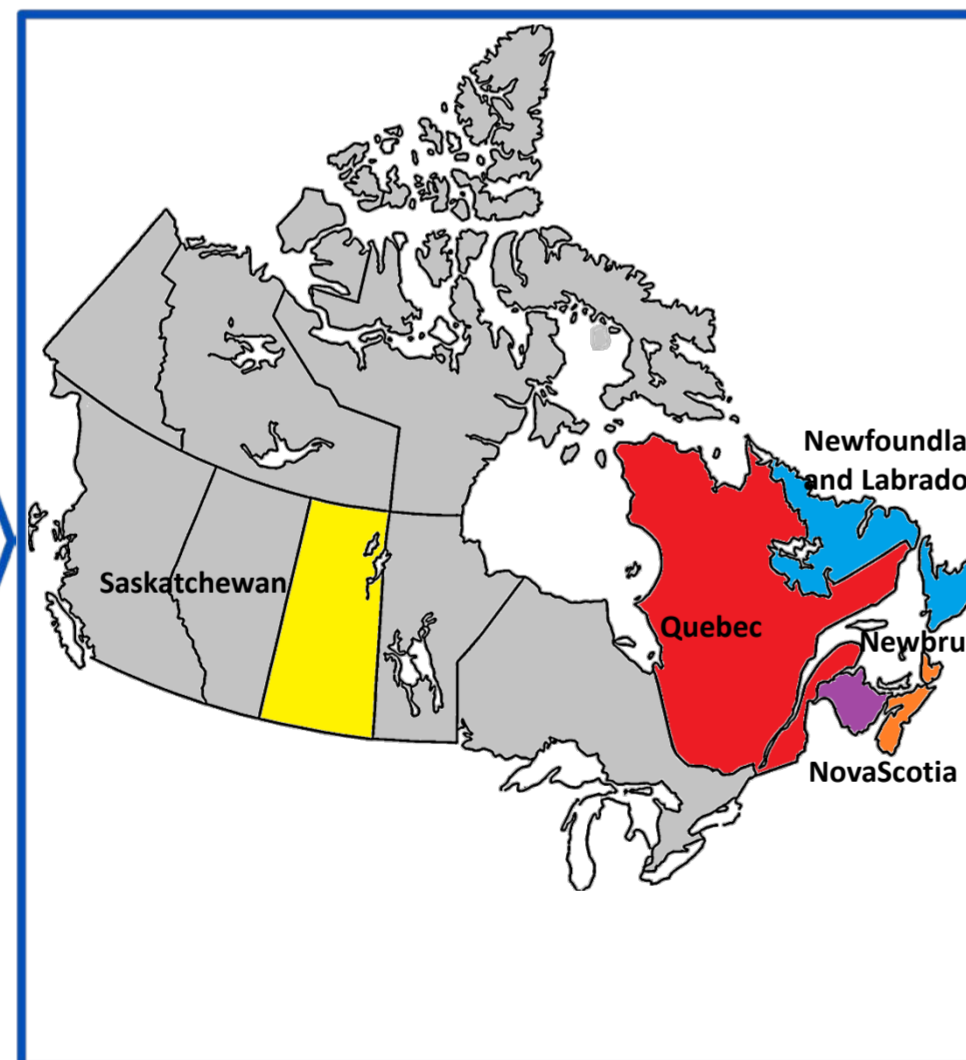- Development of a shared understanding of CM interventions in primary care for frequent users

3. CM intervention

- Informed by the RS program theory
- Implemented in 10 primary care clinics

4. Realist evaluation (RE)

- Patient questionnaires and interviews with stakeholders
- Data collection and analysis informed by the RS program theory[5]

5. Scalability

- Expansion within similar contexts and extension to different contexts

Figure 1. RS program theory on regarding how CM works in primary care for frequent users with chronic conditions

Figure 2. The five Canadian provinces involved in PriCARE program

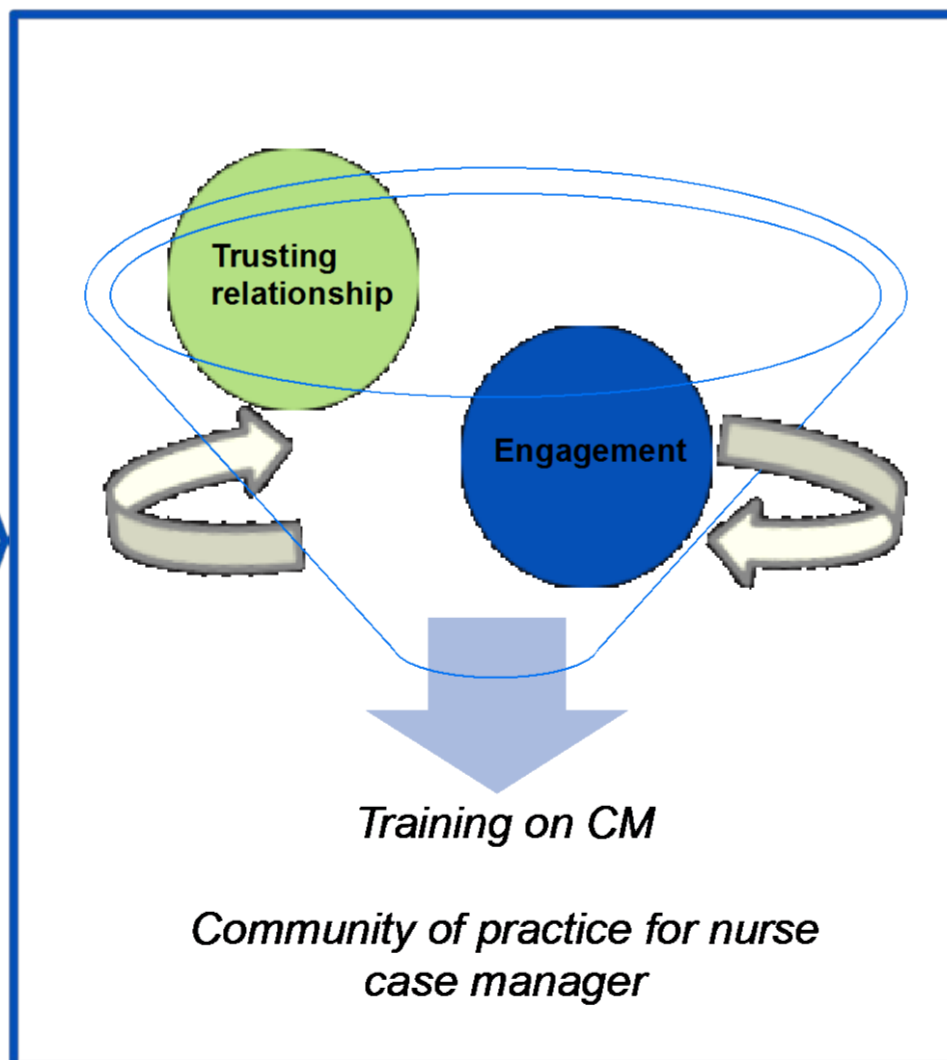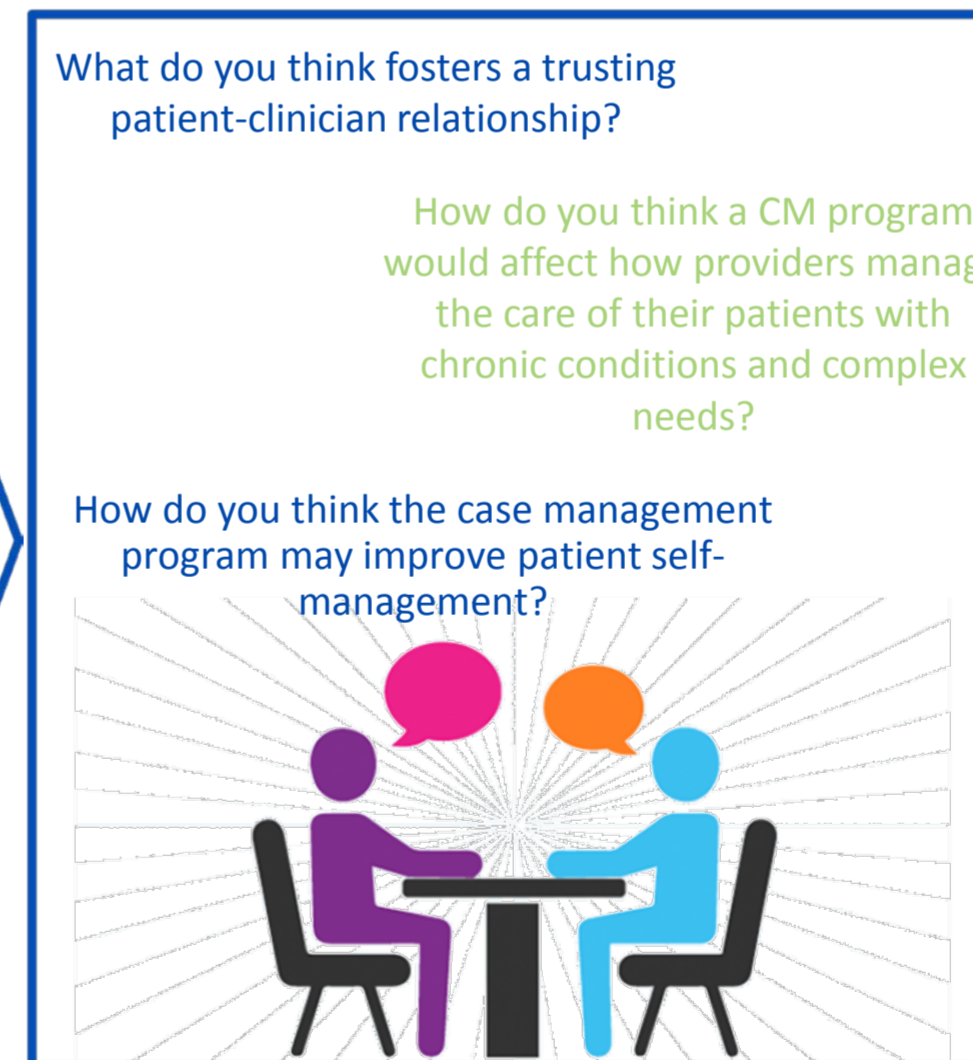Figure 3. RS program theory allowed the development of training and clinical tools to support nurse case managers

Figure 4. Examples of interview guide questions based on RS program theory to provide refinement
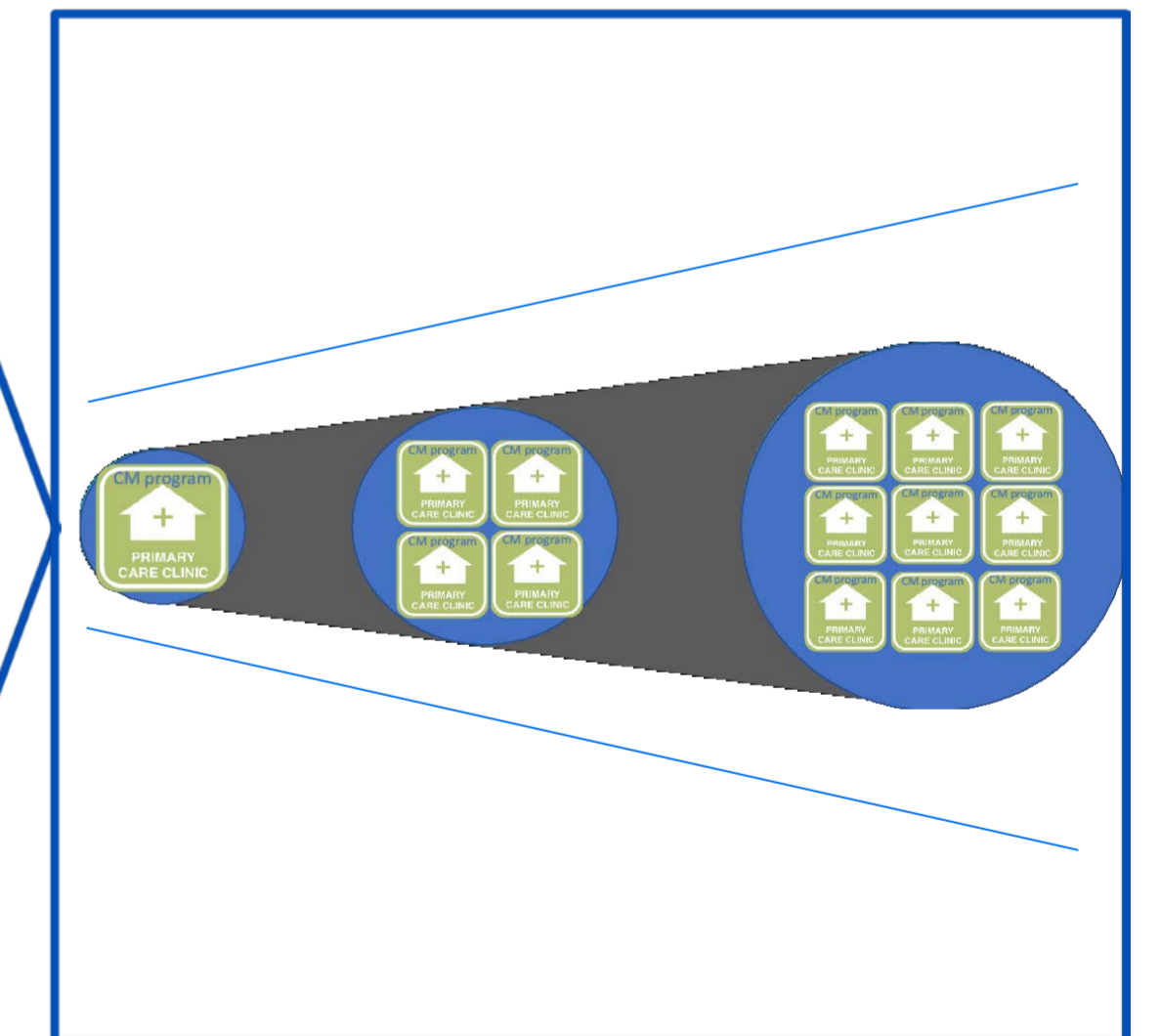

Figure 5. Spread of CM for frequent users in primary care clinics

IMPLICATIONS

Illustrates the potential of realist approaches in:

- Fostering the engagement of stakeholders;
- Developing cumulative evidence on how and under what circumstances complex interventions work in order to support their scaling-up.

REFERENCES

1. Soril LJ, Leggett LE, Lorenzetti DL, et al. Reducing frequent visits to the emergency department: a systematic review of interventions. PLoS One. 2015; 10(4): e0123660.
2. Kumar GS, Klein R. Effectiveness of case management strategies in reducing emergency department visits in frequent user patient populations: a systematic review. J Emerg Med. 2013; 44: 717–29.
3. Hudon C, Chouinard MC, Aubrey-Bassler K, et al. Case management in primary care for frequent users of health care services: a realist synthesis. Ann Fam Med. 2020; 18(3): 218-226
4. Hudon C, Chouinard MC, Aubrey-Bassler K, et al. Case management in primary care for frequent users of healthcare services with chronic diseases and complex care needs: an implementation and realist evaluation protocol. BMJ Open. 2018; 8(11): e026433.
5. Manzano A. The craft of interviewing in realist evaluation. Evaluation. 2016; 22(3): 342-360

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