

A primary care case management program for people with complex care needs who frequently use healthcare services: a realist evaluation protocol



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BACKGROUND

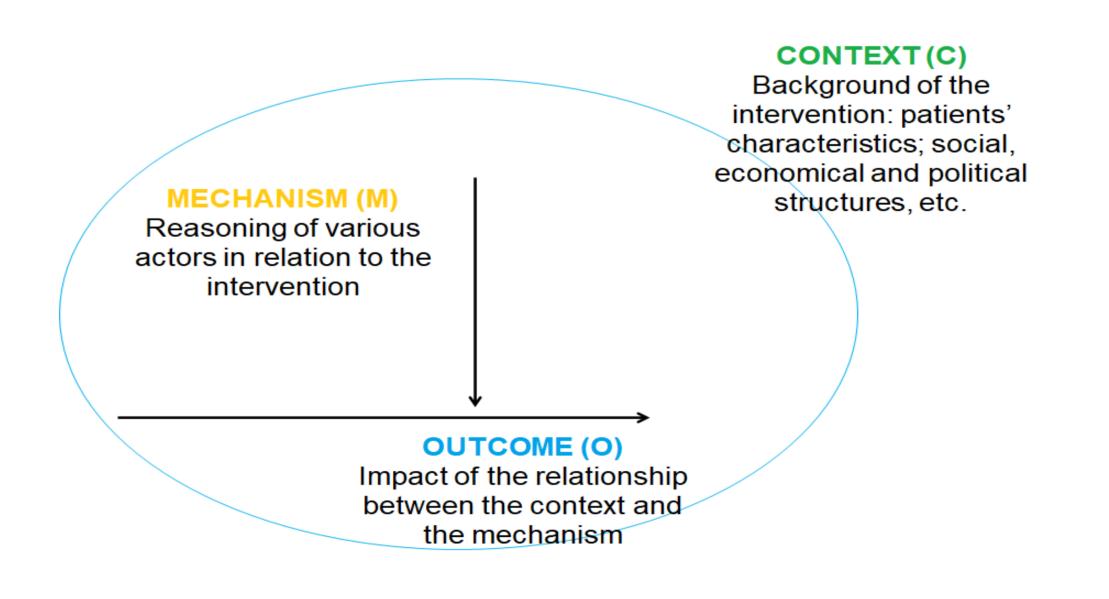
- Case management programs (CMPs) improve care for people with complex care needs who frequently use healthcare services (hereafter, people with complex needs);
- Few studies have documented how CMPs work, for whom and in what contexts;
- Realist evaluation (RE) is particularly relevant for studying how and why such interventions work or do not work in particular contexts.

OBJECTIVE

To explain and understand how a CMP in primary care for people with complex needs works, under what conditions and for whom.

DESIGN

- Realist evaluation using a multi-case embedded mixed method study;
- Realist approaches propose a theory for explaining program outcomes, expressed as Context - Mechanism - Outcome (CMO) configurations.

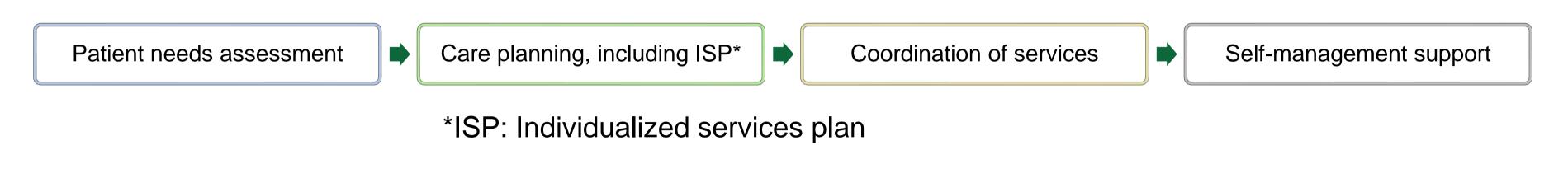


SETTING

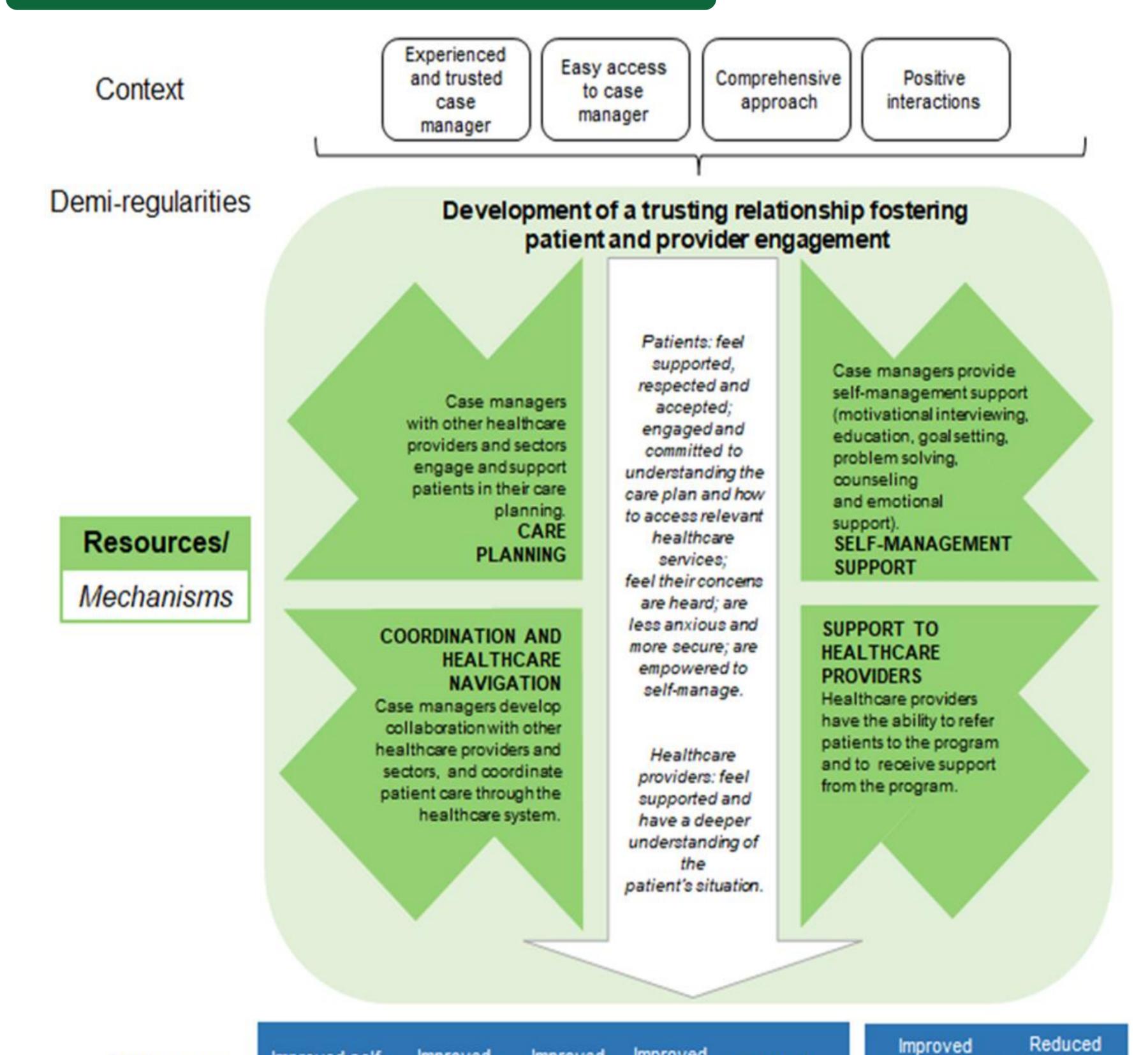
• 8 primary care clinics across 4 provinces in Canada.

PROGRAM

CMP led by primary care nurse case managers in partnership with patients and other healthcare professionals:



INITIAL PROGRAM THEORY















Outcomes







Improved

Improved Improved

PATIENTS

status



SYSTEM

quality of care

healthcare

overuse and

cost



UNIVERSITY

DATA COLLECTION

Quantitative data: Questionnaires administered to patients at baseline, 6 months and 12 months to measure the following outcomes:

Care integration

Self-management

Health-related quality of life

Qualitative data: Realist interviews with patients (n=16), nurse case managers (n=10) and other partners (n=10) between 9 and 12 months after CMP implementation, eliciting contexts (C), mechanisms (M) and outcomes (O).

ANALYSIS

- CMO categorization coding, CMO connecting and pattern matching;
- Quantitative and qualitative outcomes considered;
- Identified CMO configurations leading to a refined theory.

STRENGHTS AND LIMITATIONS

- Study design adapting the knowledge to local contexts, a key-step for implementation and scale-up;
- Study multiprovincial nature increases transferability within many jurisdictions and context variations;
- Patient partners participation to the research process;
- Extra time required for extensive and continuous training in RE;
- Coordination challenges in a multi-province context.

CONCLUSION

- By informing policy decisions, the refined theory may improve CMPs implementation and scale-up;
- Findings may improve outcomes for patients with complex care needs and the health system.

REFERENCES

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