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Case management in primary care for people with complex care needs: a realist evaluation

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Disclosures

- The authors declare no competing interests.
- This study received approval from Ethics Review Boards in each of the 4 participating Canadian jurisdictions: Quebec, New Brunswick, Nova Scotia, Newfoundland and Labrador.

Outline

- Background and Objective of the Study
- Realist Evaluation
- PriCARE Program
- Data Collection and Analysis
- Results of the Study
- Next Steps

Case Management (CM)



Patient and family needs evaluation



Care coordination



Patient-centered individualized services plan



Education and self-management support

Study Objective

What do we know about CM?

Effective intervention for patients with complex needs

What do we need to know about CM?

For optimal implementation of CM program, why CM may or may not be successful, under what circumstances, and for whom

What is the objective of this study?

To understand and explain how CM works, under what conditions and for whom

Realist Approach

- Theory-based evaluation approach
- Realist philosophy: there is a real world and our knowledge of it is processed through human senses and thought, language and culture
- Assumes that:
 - nothing works everywhere or for everyone
 - outcomes depend on context
 - social interventions are complex

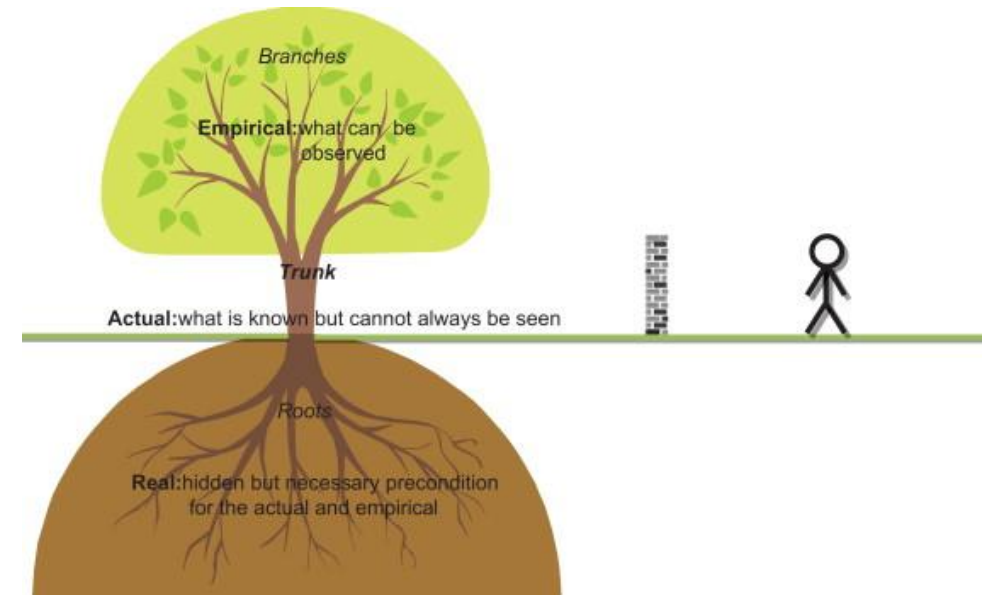


Figure from Walsh and Evans, 2014

Realist Evaluation

- ‘What works, how, in which conditions and for whom’, rather than ‘does it work?’
- Collects mainly primary data: survey, documentary, observational and interview data
- Goal is to develop, test, and refine a program theory to explain why a program may or may not work



CMO Configuration

CONTEXT (C)

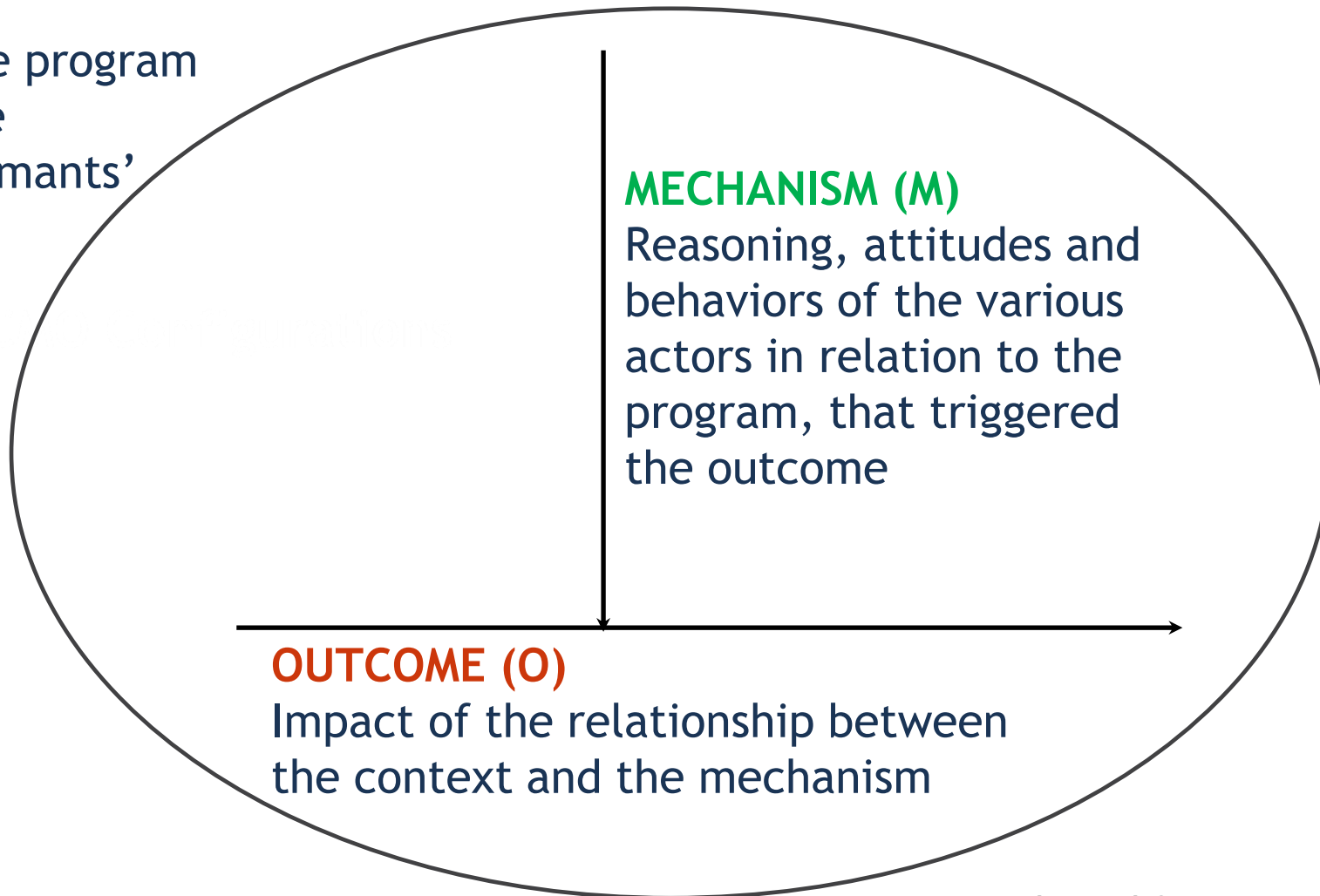
Background of the program that triggered the mechanism: informants' characteristics, Interpersonal relationships, social, economic and political contexts and structures

MECHANISM (M)

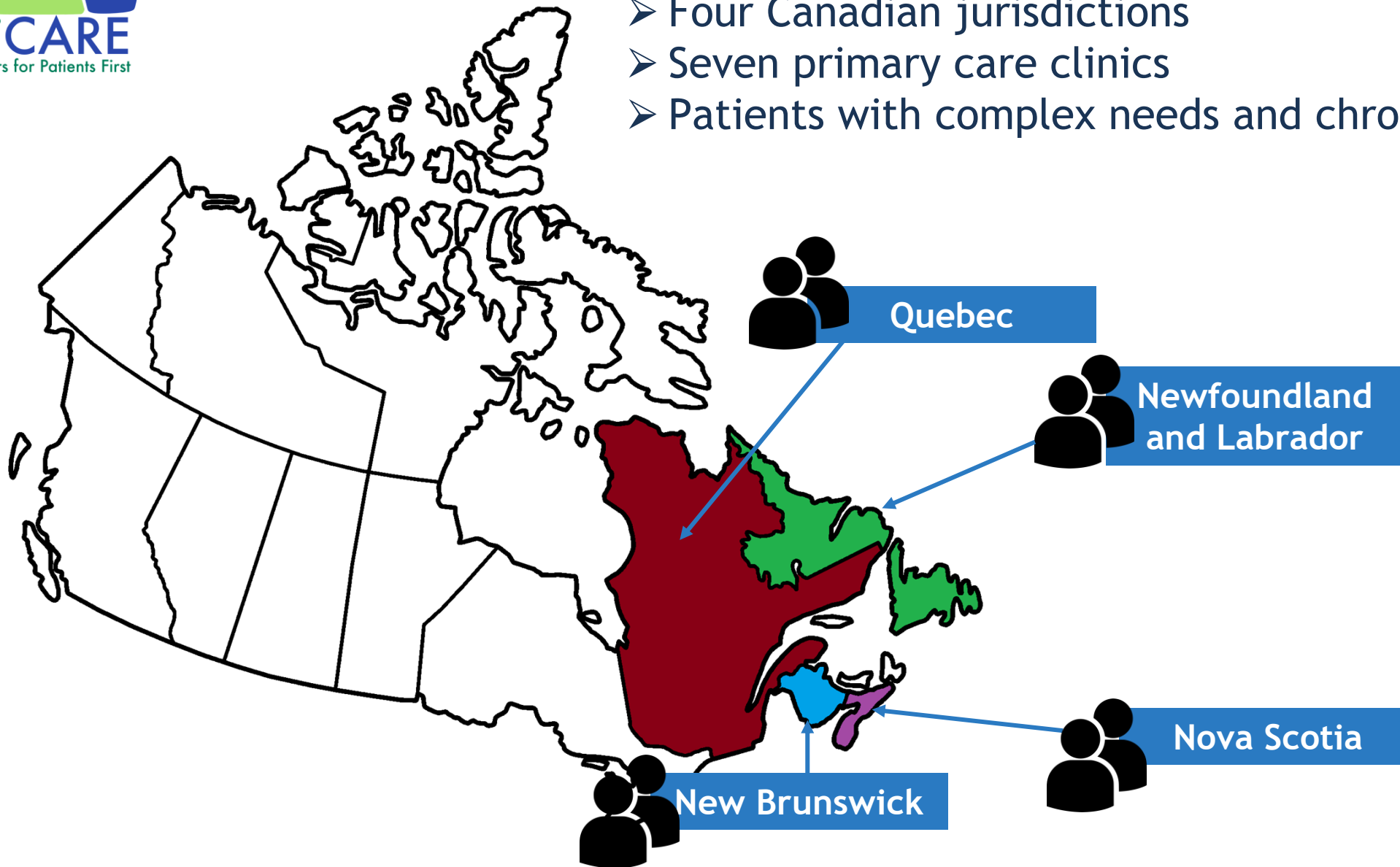
Reasoning, attitudes and behaviors of the various actors in relation to the program, that triggered the outcome

OUTCOME (O)

Impact of the relationship between the context and the mechanism



- Four Canadian jurisdictions
- Seven primary care clinics
- Patients with complex needs and chronic conditions



Data Collection and Analysis

- Realist interviewing strategy
- Twenty-seven individual interviews and one focus group with stakeholders (n=30 participants)
- Identification of CMO for each interview and then, aggregated, organized and interpreted by the team

Participants	n
Patients	13
Family members	1
Case managers	6
Health managers	4
Primary providers	4
Other healthcare professionals	2

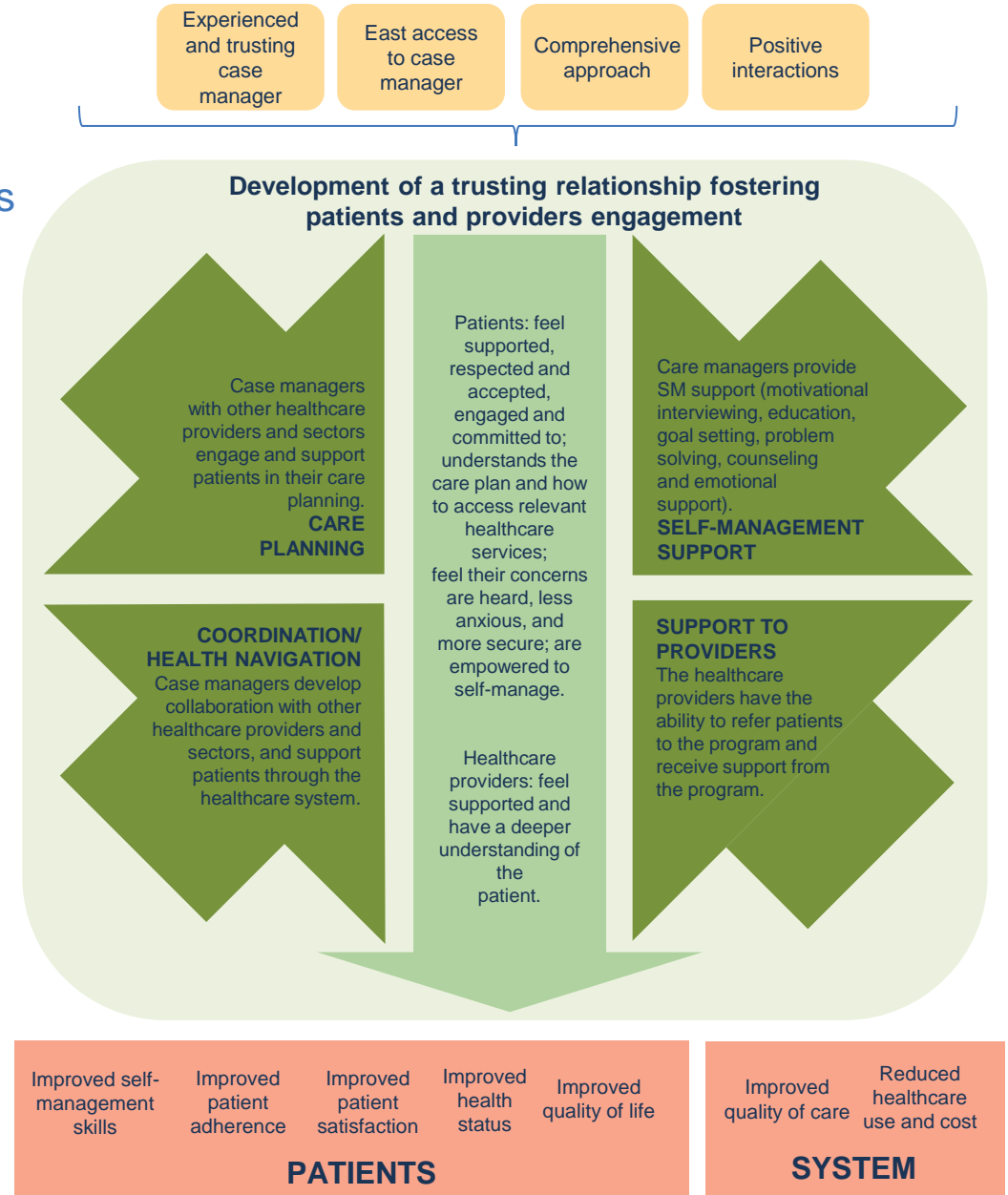
Initial Program Theory on CM in Primary Care for Patients with Complex Needs

Context

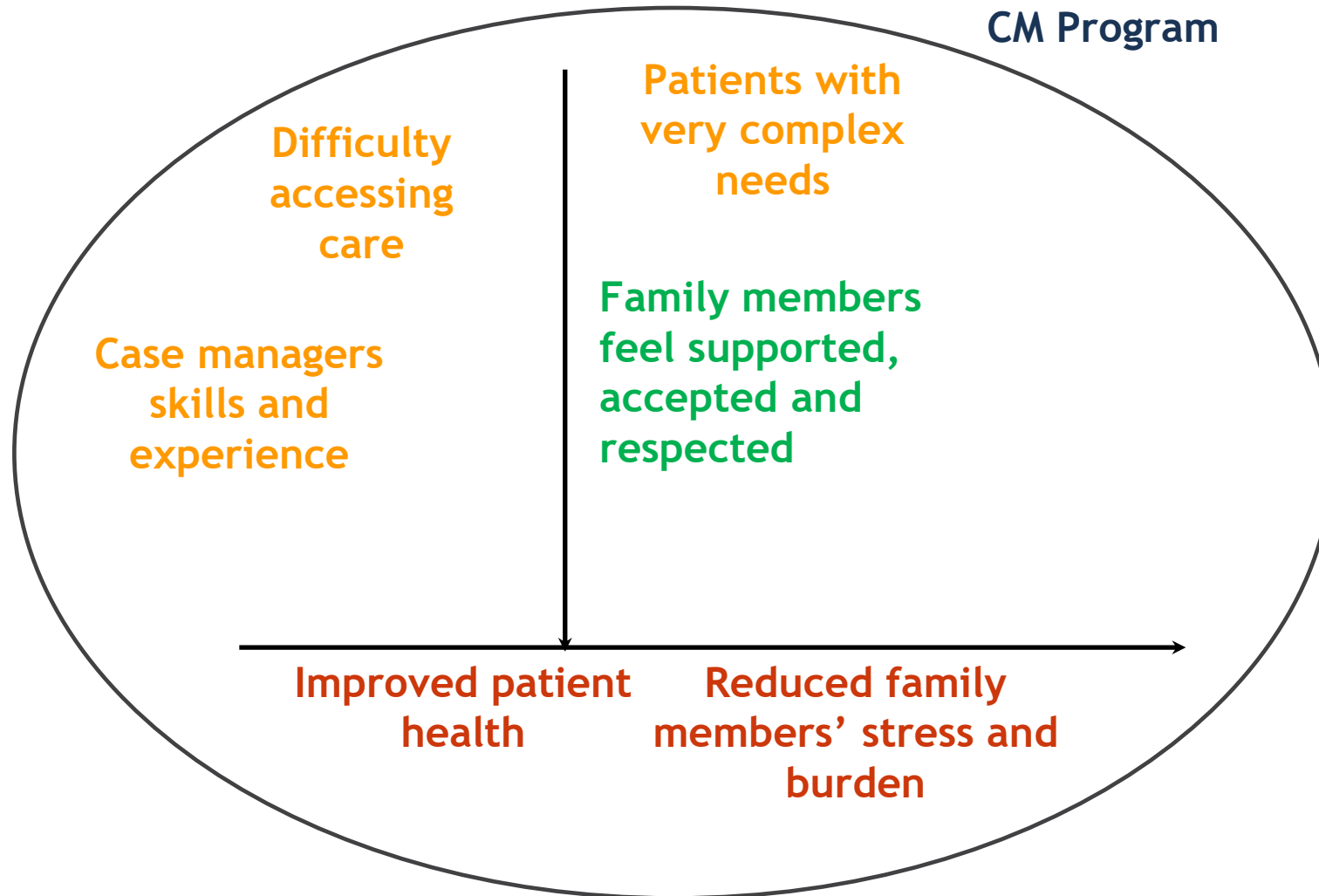
Demi-regularities

Resources/
mechanism

Outcomes

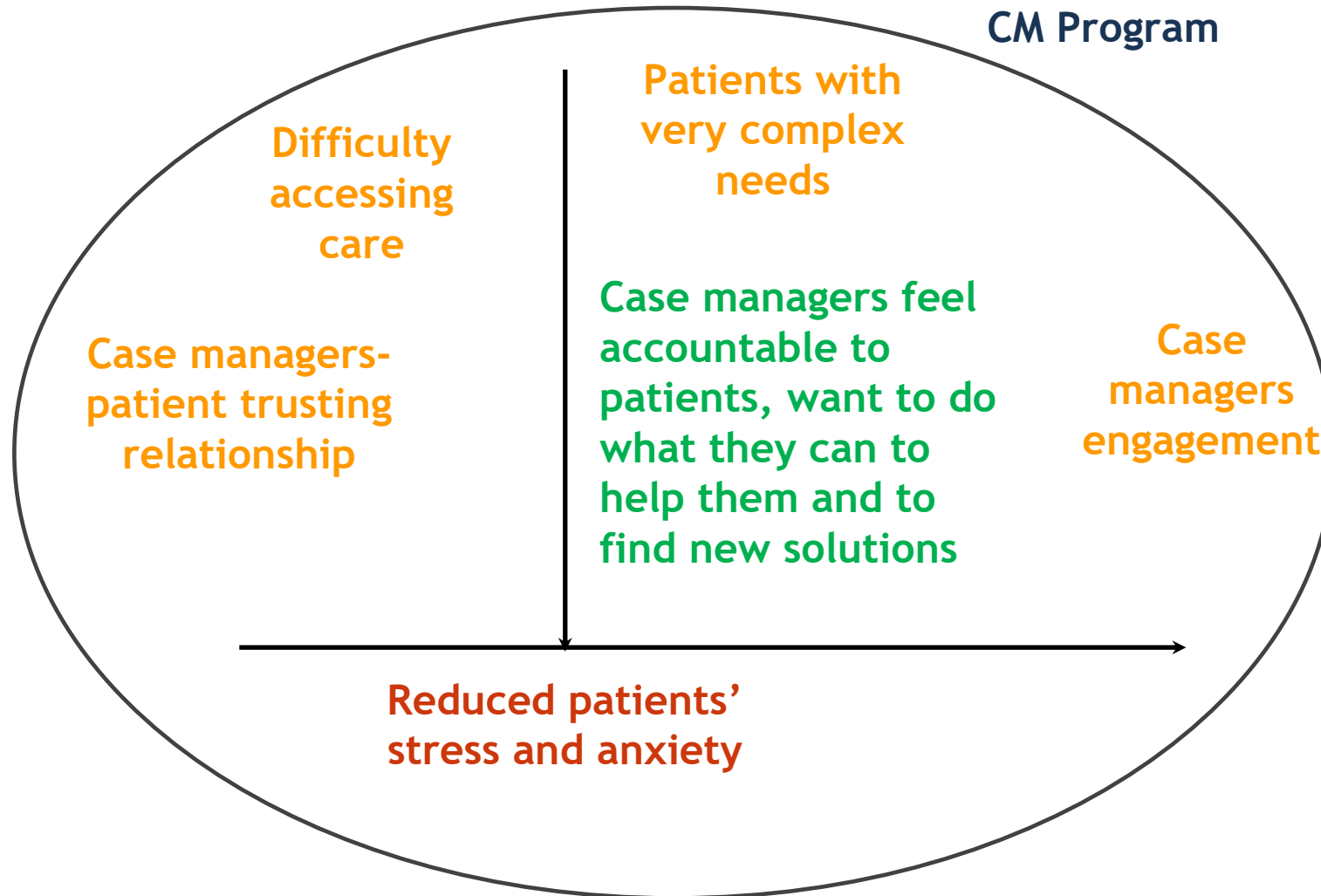


Results - New CMO Configurations



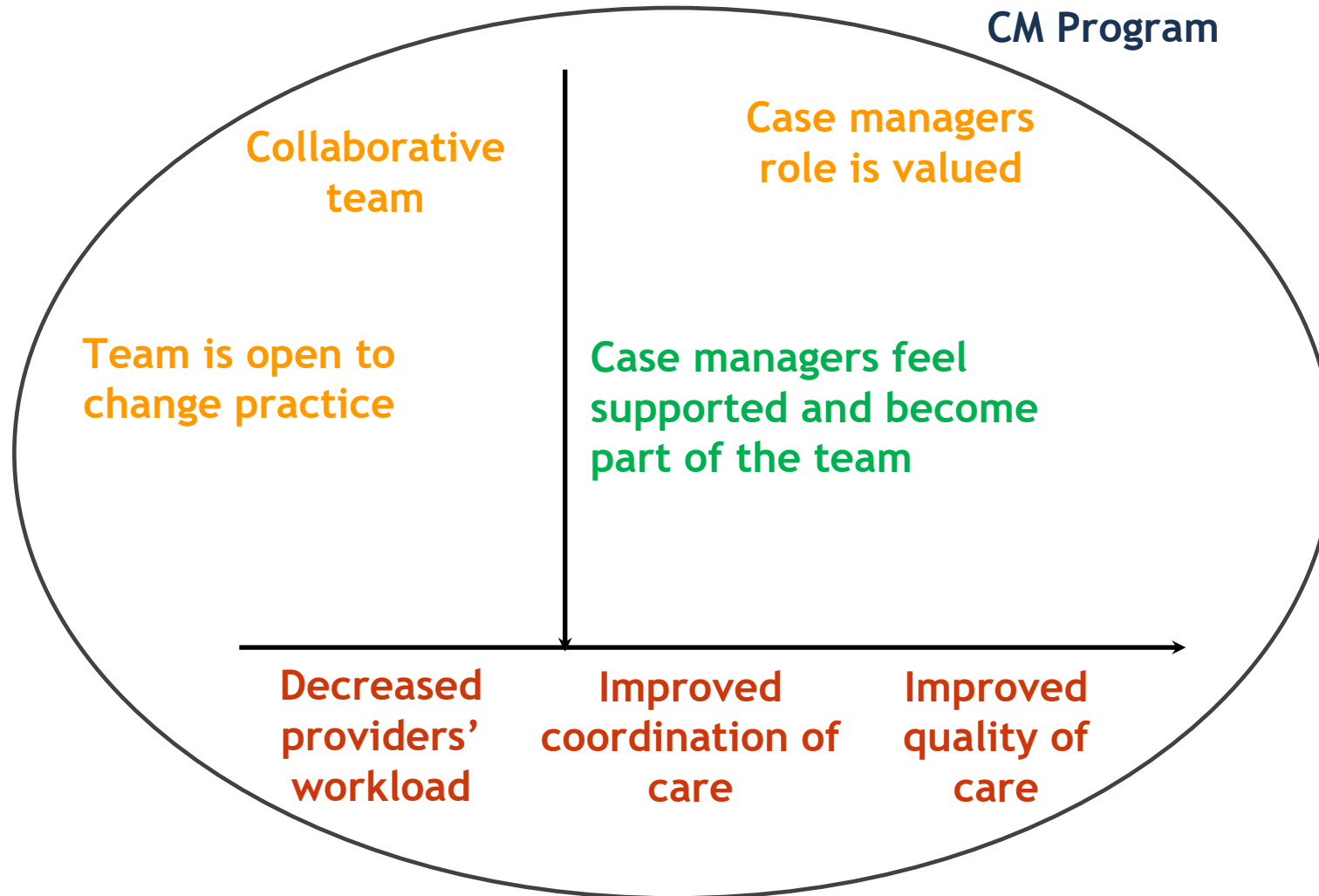
Legend
Context
Mechanism
Outcome

Results - New CMO Configurations



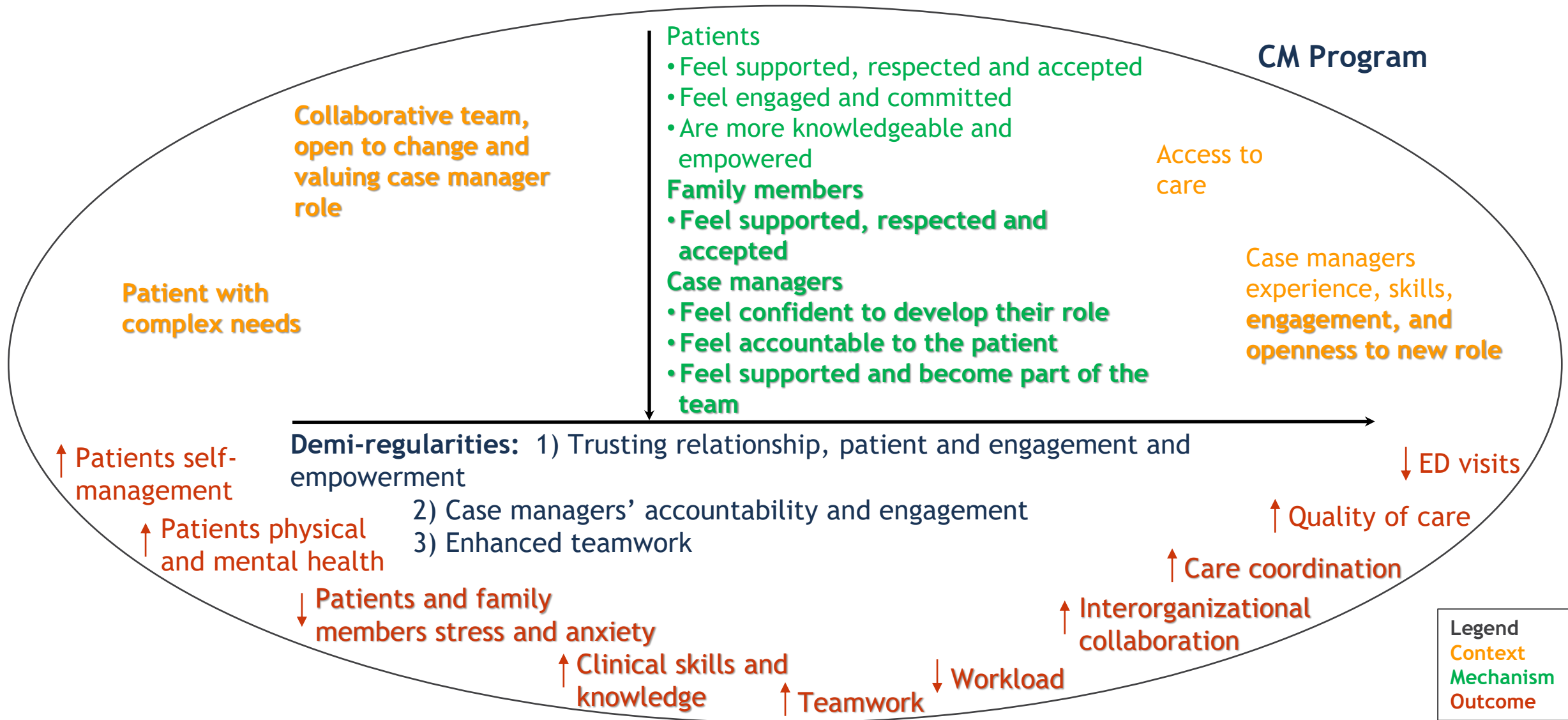
Legend
Context
Mechanism
Outcome

Results - New CMO Configurations



Legend
Context
Mechanism
Outcome

Results - Refined Program Theory



Next Steps

To deepen our understanding of the relationships between the actors, contextual factors, mechanisms, and outcomes of :

- Facilitation when implementing a complex intervention in primary healthcare (PriCARE 2, 2023-2027)
- Scaling-up of a CM intervention for people with complex needs in primary healthcare (PriCARE Integration, 2023-2028)



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