



# NAPCRG Annual Meeting

**October 30 - November 3, 2023**

Hilton San Francisco Union Square



# Case management for individuals with complex care needs: Factors assisting and hindering implementation.

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# Funding

This work is supported by the Canadian Institutes of Health Research (CIHR) - Operating Grant: SPOR PIHCI Network: Programmatic Grants (grant number 397896) and other partners



Faculty of Medicine



# What are we going to talk about today?



1. What is PriCARE case management?



2. Objective



3. Methodology



4. Results

# What is PriCARE case management?

- PriCARE studied the implementation of a nurse-led case management (CM) approach for patients with one or more chronic conditions and complex care needs.
- CM was implemented in primary care clinics in Quebec, Newfoundland and Labrador, New Brunswick, Nova Scotia and Saskatchewan.



# Case Management (CM):



Evaluation of patient needs and services.



Development of a patient centered individualized service plan.



Care coordination.



Education support and self management.

# Objective:

- To identify factors which facilitated or hindered the implementation of case management in primary care from the perspective of nurse case managers, clinic managers, providers and patients.

# Dataset and Methodology:

- ❑ A secondary analysis of interviews conducted throughout the project "*Primary care case management for patients with complex care needs: Implementation and Realist Evaluations*" for a realist evaluation study, and a study focused on telehealth case management from clinics in New Brunswick, Newfoundland and Nova Scotia .
- ❑ Realist evaluation data included (n=20) interviews (n=1) focus group. Patient interviews (n=13), relative interview (n=1); case manager interviews (n=4) manager interview (n=2), provider interview (n-1), provider focus group with three providers (n=1).
- ❑ 19 code reports were analyzed from the telehealth study.
- ❑ Data were analyzed using thematic analysis.





# Facilitators to implementation:

## Facilitators:

Collaborative team oriented- clinic environment

Engaged clinic staff

Patient readiness

NCM characteristics and skills

NCM strategies

Trusting relationship between patient and NCM





*““Yeah, and I’m a person that doesn’t open up to too many people and it just felt good that I was able to do that with NCM” (Patient)*



*“I think one of the biggest successors is the person in the role, which is [NCM]. And she's very eager, she's willing to listen, she's patient. She has a lot of knowledge, you know, she's not afraid to go that extra mile for those patients. So I think having the right person complete the work is really 90 percent of the effectiveness of the study. I firmly believe that” (Clinic Manager)*



# Barriers to implementation:

## Barriers to implementation

Time

Access to external services

Inappropriate use of the CM program

Patient circumstances

Clinic circumstances





*“No, I think time, would probably be the biggest thing. Yeah, if you had – if it was a more dedicated role, I could see it being easier, yeah” (NCM)*



*“I mean – you know, my mental health, you know, needs something that is – needs to go far deeper than the program can provide. You know, my mental health needs a psychologist or a psychiatrist. And they know that, right?” (Patient)*



# Discussion and suggestions to improve CM:

- ❑ A collaborative clinic environment, strong engagement of clinic staff, and certain NCM characteristics, skills and strategies acted as facilitators to the implementation.
- ❑ Time, busy physician schedules and access to external services acted as barriers to the implementation.
- ❑ Patients generally reported positive experiences with the CM program, with providers managers and NCM's also commenting on the benefits of the intervention.
- ❑ Suggestions to improve case management included dedicated time for the case manager, ensuring engagement of clinic staff, additional training etc., increased follow up, and funding.
- ❑ Having the right person in the role of NCM is key to it's success.



Thank you!

QUESTIONS?

