Case management in primary care for frequent users of healthcare services with chronic diseases and complex care needs: protocol of an implementation and realist evaluation

VISAGES

C Hudon, MC Chouinard, K Aubrey-Bassler, F Burge, S Doucet, VR Ramsden, S Bighead, M Brodeur, PL Bush, C Campbell, Y Couturier, B Davis, E Deschenes, MF Dubois, L Edwards, S Gander, G Gauthier, P Gauthier, R Gibson, J Godbout, L Guénette, F Légaré, J Labbé, G Landry, C Longjohn, P Morin, P Pluye, TG Poder, ME Poitras, N Rabbitskin, P Roberge, DA Roy, J Roy, V Sabourin, T Sampalli, A Saulnier, C Spence, J Splane,, R Valaitis, M Warren, J Young

CONTEXT

- Case management (CM) is well-supported in the literature as an intervention that improves care for frequent users of health services.
- CM is rarely implemented in primary care in Canada.
- Before implementing the GC on a large scale, key players must commit to adapting the intervention to their context.
- Further research is needed to better understand the facilitating factors and barriers to the implementation of the CM, as well as the influence of different contexts and primary care mechanisms on outcomes.

PURPOSE

- Implement CM in two primary care clinics per province for people with chronic conditions and complex needs requiring the frequent use of health care services.
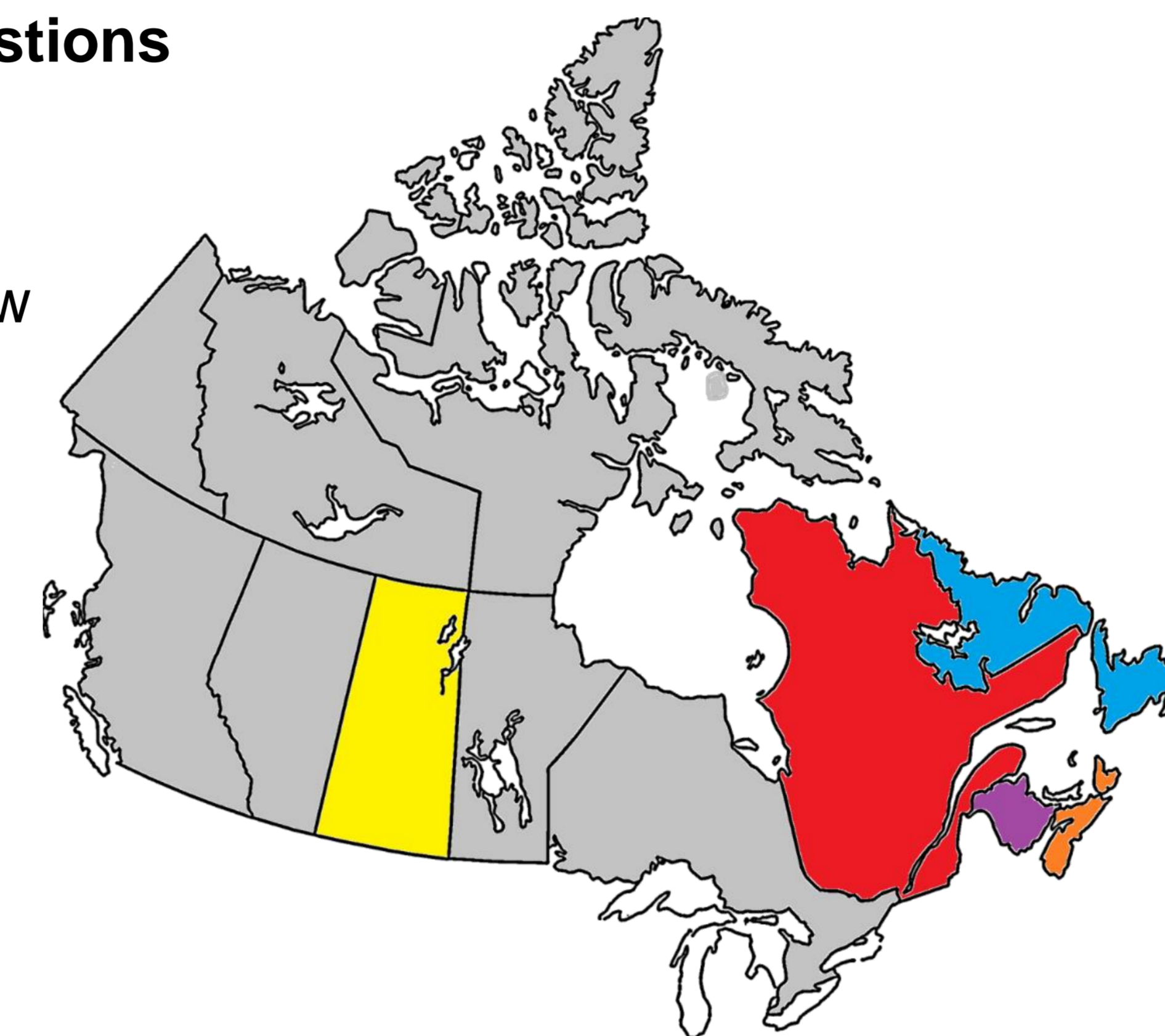- Evaluate implementation.

METHODOLOGY

Multiple case study using mixed data to respond to three research questions

THE CM INTERVENTION

- Evaluation of patient needs and preferences
- Development and maintenance of a patient-centered individualized services plan
- Coordination of services with all partners
- Education and self-management support for patients and families

SETTING

- Saskatchewan, Québec, Newfoundland & Labrador, New Brunswick and Nova Scotia
- Two clinics per province

PARTICIPANTS

60 patients / clinic (n total = 600 patients)
- 30 patients in the first year (Question 1)
- 30 patients in the second year (Question 2)

Inclusion criteria:
- Individuals who are frequent users of emergency department services (≥ 4 visits in the previous year)
- Complex health care needs (≥ 17 on the self-administered INTERMED Self-Assessment Questionnaire)
- At least one chronic illness
- Can benefit from a CM intervention

Families, Nurses case managers, managers, other primary care professionals (doctors, nurses, social workers, pharmacists, etc.)

QUESTION 1 : What are the facilitating factors and barrier to CM?

Implementation analysis
Mixed data collection:
1) Individual interviews
2) Focus groups
3) Non participant observation
4) Self-administered questionnaires
5) Clinical data
Analysis of mixed data

QUESTION 2: How and why does CM work in primary care, for what types of frequent users and under what circumstances?

Realist evaluation: What works, for whom, under what circumstances, how and why?

Same data collection as for question 1, but with a new cohort of patients.

Analysis of quantitative data to identify the effects of the intervention and qualitative analysis to identify the configuration context-mechanism-effect

QUESTION 3 : What are the next steps for a large-scale implementation in Canada?

TRIAGE Method

Identification by key actors by consensus of the most important and relevant statements in response to the question: *In your experience, what should be the next steps for large-scale implementation of CM in Canada?*

EXPECTED RESULTS

- This research project will generate new knowledge on:
- The facilitating factors and barriers to the implementation of CM in primary care;
- An evidence-based CM intervention;
- A theory of how and why CM is effective for frequent users of health services in a primary care context ;
- Priority and consensus statements on the next steps needed to implement CM on a large scale.

CONCLUSION

- This research project will result in an evidence-based CM intervention, ready to be implemented and applied on a large scale in Canada's primary care contexts

For more information:
catherine.hudon@usherbrooke.ca
maud-christine_chouinard@uqac.ca

*References may be provided upon request

North American Primary Research Group (NAPCRG) Annual Meeting, Chicago, Illinois. November 9-13, 2018