Workshop Outline

1. Background – PriCARE program
2. Introduction to realist approaches
3. Basic concepts of realist approaches
4. Two key methods:
   I.   Realist Review + example
   II. Realist Evaluation + example
5. Concluding remarks

Case Management in Primary Care

- Case management (CM) is a collaborative approach to assess, plan, and coordinate care to meet patient and family healthcare needs using all available health and social supports.

- CM is the most promising intervention to improve care integration for frequent users (FU) of health care services with chronic diseases and complex care needs, and to reduce health care costs.

- But, **how** CM in primary care works, for **what types of frequent users**, and **in what contexts** is poorly understood.

1 What contextual elements have influenced the implementation of a case management (CM) intervention in primary care for frequent users with chronic diseases and complex care needs?

MIXED-METHODS STUDY[1] to evaluate the effect of a CM intervention for frequent users (FU) with chronic conditions in 4 primary care clinics in Quebec
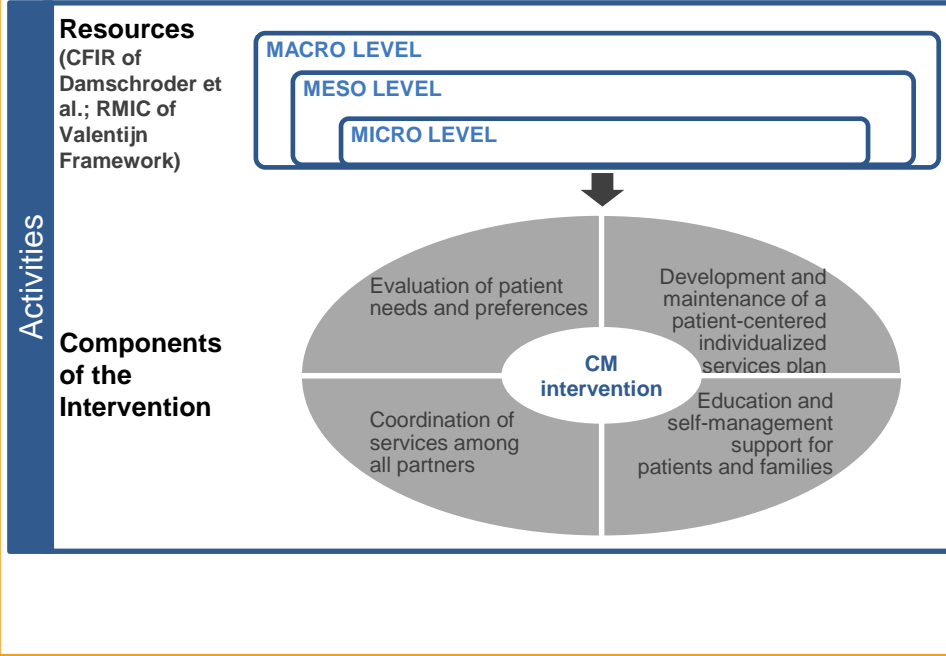
SYSTEMATIC REVIEW[2] to identify characteristics of CM in primary care associated with positive outcomes for FU with chronic conditions

REALIST SYNTHESIS[3] to determine what, for whom and how CM in primary care works to improve outcomes among FU with chronic conditions

Activities

Resources (CFIR of Damschroder et al.; RMIC of Valentijn Framework)

MACRO LEVEL
MESO LEVEL
MICRO LEVEL

Components of the Intervention

Evaluation of patient needs and preferences

Development and maintenance of a patient-centered individualized services plan

CM intervention

Coordination of services among all partners

Education and self-management support for patients and families

[1]Hudon, C., Chouinard, M.C., Dubois, M.F., Roberge, P., Loignon, C., Tchouaket, E., Lambert, M., Hudon, E., Diadiou, F., & Bouliane, D. (2018). Case management in primary care for frequent users of health care services: A mixed methods study. Annals of Family Medicine, 16(3), 232-239.

[2]Hudon, C., Chouinard, M.C., Pluye, P., El Sherif, R., Bush, P.L., Rihoux, B., Poitras, M.E., Lambert, M., Vignon Zomahoun, H.T., & Legaré, F. (2019). Case management for frequent users of healthcare services with chronic diseases in primary care: A systematic mixed studies review. Annals of Family Medicine, 17, 448-458.

[3]Hudon, C., Chouinard, M.C., Aubrey-Bassler, K., Muhajarine, N., Burge, F., Bush, P.L., Danish, A., Ramsden, V.R., Légaré, F., Guénette, L. Morin, P., Lambert, M., Fick, F., Cleary, O., Sabourin, V., Warren, M., & Pluye, P. (2020). Case management in primary care among frequent users of health care services with chronic conditions: A realist synthesis. Annals of Family Medicine, 18(3), 218-226.

2 What are the relationships between the actors, contextual factors, mechanisms, and outcomes of the CM intervention?

MIXED-METHODS STUDY
to evaluate the effect of a CM intervention for frequent users (FU) with chronic conditions in 4 primary care clinics in Quebec

SYSTEMATIC REVIEW
to identify characteristics of CM in primary care associated with positive outcomes for FU with chronic conditions

REALIST SYNTHESIS
to determine what, for whom and how CM in primary care works to improve outcomes among FU with chronic conditions

Activities

Resources
(CFIR of Damschroder et al.; RMIC of Valentijn Framework)

MACRO LEVEL

MESO LEVEL

MICRO LEVEL

Components of the Intervention

Evaluation of patient needs and preferences

Development and maintenance of a patient-centered individualized services plan

CM intervention

Coordination of services among all partners

Education and self-management support for patients and families

Outcomes

Patient-reported outcomes

Healthcare use

Cost-effectiveness

MIXED-METHODS STUDY
to evaluate the effect of a CM intervention for frequent users (FU) with chronic conditions in 4 primary care clinics in Quebec
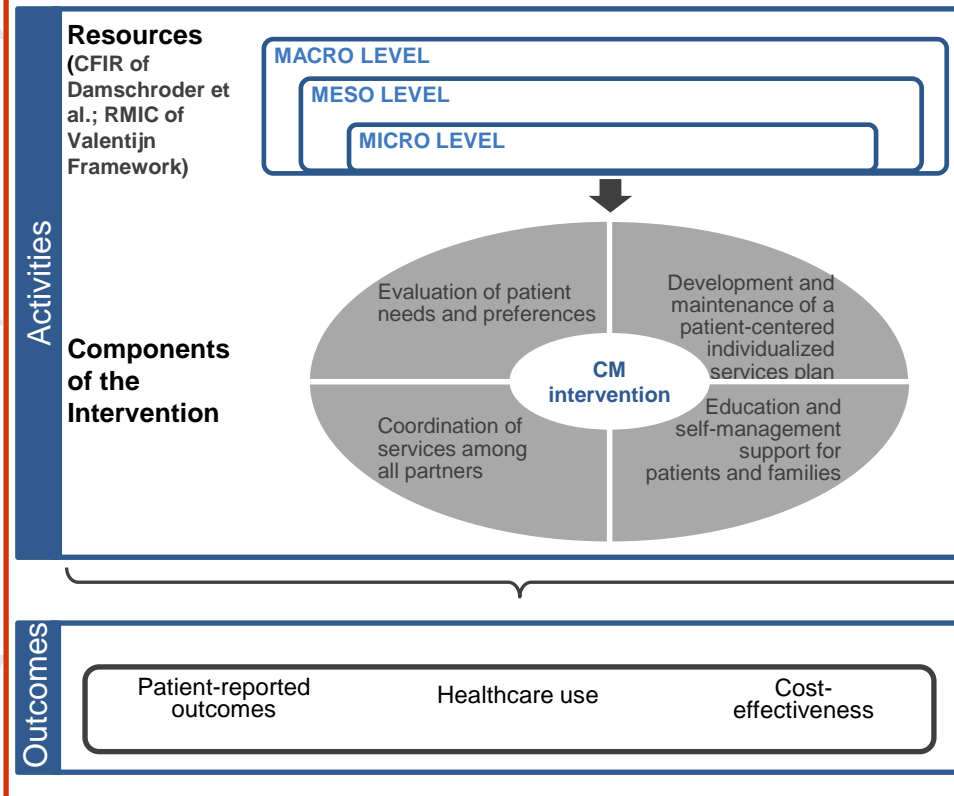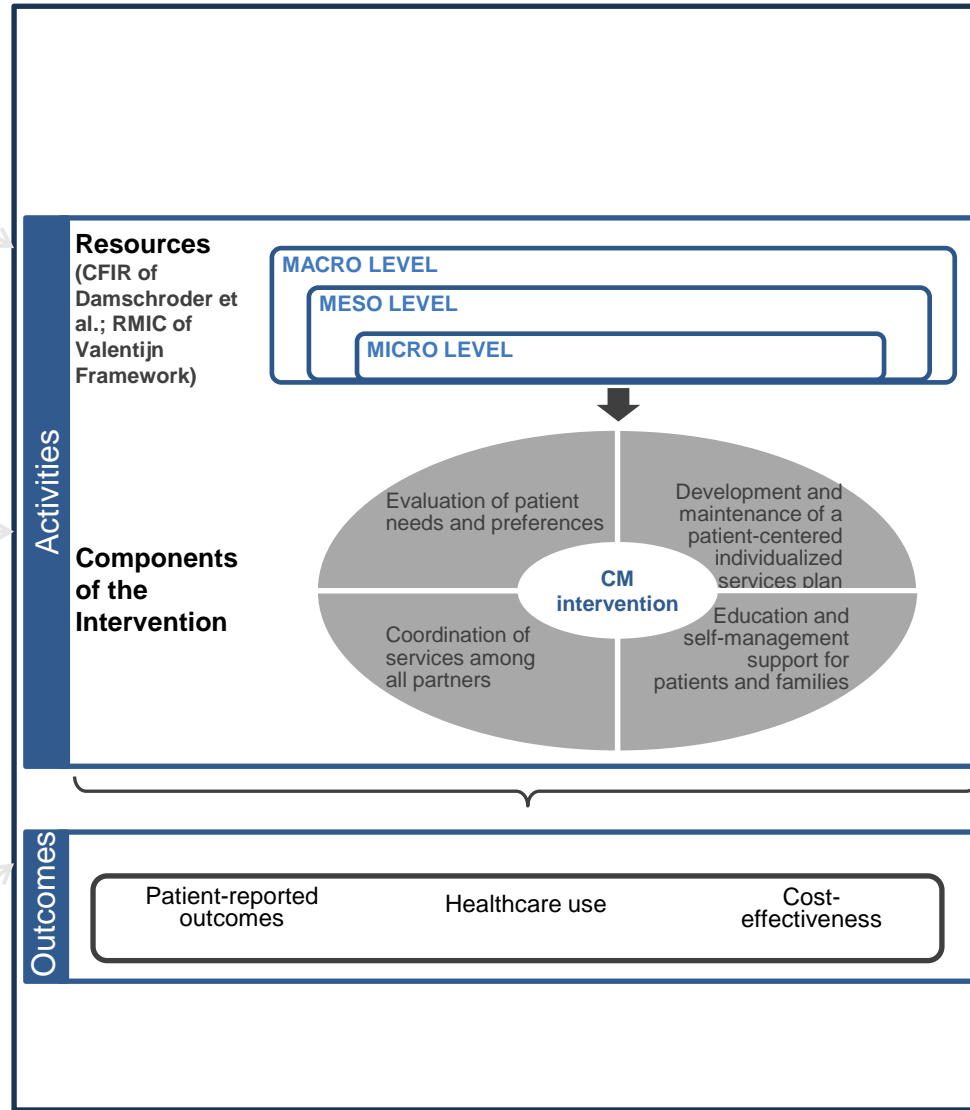
SYSTEMATIC REVIEW
to identify characteristics of CM in primary care associated with positive outcomes for FU with chronic conditions

REALIST SYNTHESIS
to determine what, for whom and how CM in primary care works to improve outcomes among FU with chronic conditions

Activities

Resources
(CFIR of Damschroder et al.; RMIC of Valentijn Framework)

MACRO LEVEL

MESO LEVEL

MICRO LEVEL

Components of the Intervention

Evaluation of patient needs and preferences

Development and maintenance of a patient-centered individualized services plan

CM intervention

Coordination of services among all partners

Education and self-management support for patients and families

Outcomes

Patient-reported outcomes

Healthcare use

Cost-effectiveness

3 What are the next steps towards scalability of CM in primary care across Canada?

Introduction to Realist Approaches

- Theory-based evaluation approach

- Based on a realist philosophy of science:
  - there is a real world and our knowledge of it is processed through human senses and thought, language and culture.

- Assume that:
  - nothing works everywhere or for everyone;
  - outcomes depend on context;
  - social interventions are complex systems.

- Wong G, Westhorp G, Pawson R, Greenhalgh T. Realist Synthesis. RAMESES training materials. http://www.ramesesproject.org/media/Realist_reviews_training_materials.pdf.
- Westhorp G. Realist impact evaluation: an introduction London: ODI / Methods Lab; 2014.
- Pawson R, Greenhalgh T, Harvey G, Walshe K. Realist synthesis: an introduction Manchester: ESRC Research Methods Programme University of Manchester; 2004.

NAPCRG

Introduction to Realist Approaches

- A way to grasp the complexity of interventions
- Appropriate for evaluating:
  1. new initiatives, pilots and trials;
  2. programs that will be scaled out;
  3. programs that have previously demonstrated mixed patterns of outcomes.
- Provide a causal explanation for outcomes - expressed in the form of context + mechanism = outcome (CMO) configurations

- Wong G, Greenhalgh T, Westhorp G, Buckingham J, Pawson R. RAMESES publication standards: realist syntheses. J Adv Nurs. 2013;69(5):1005-22.
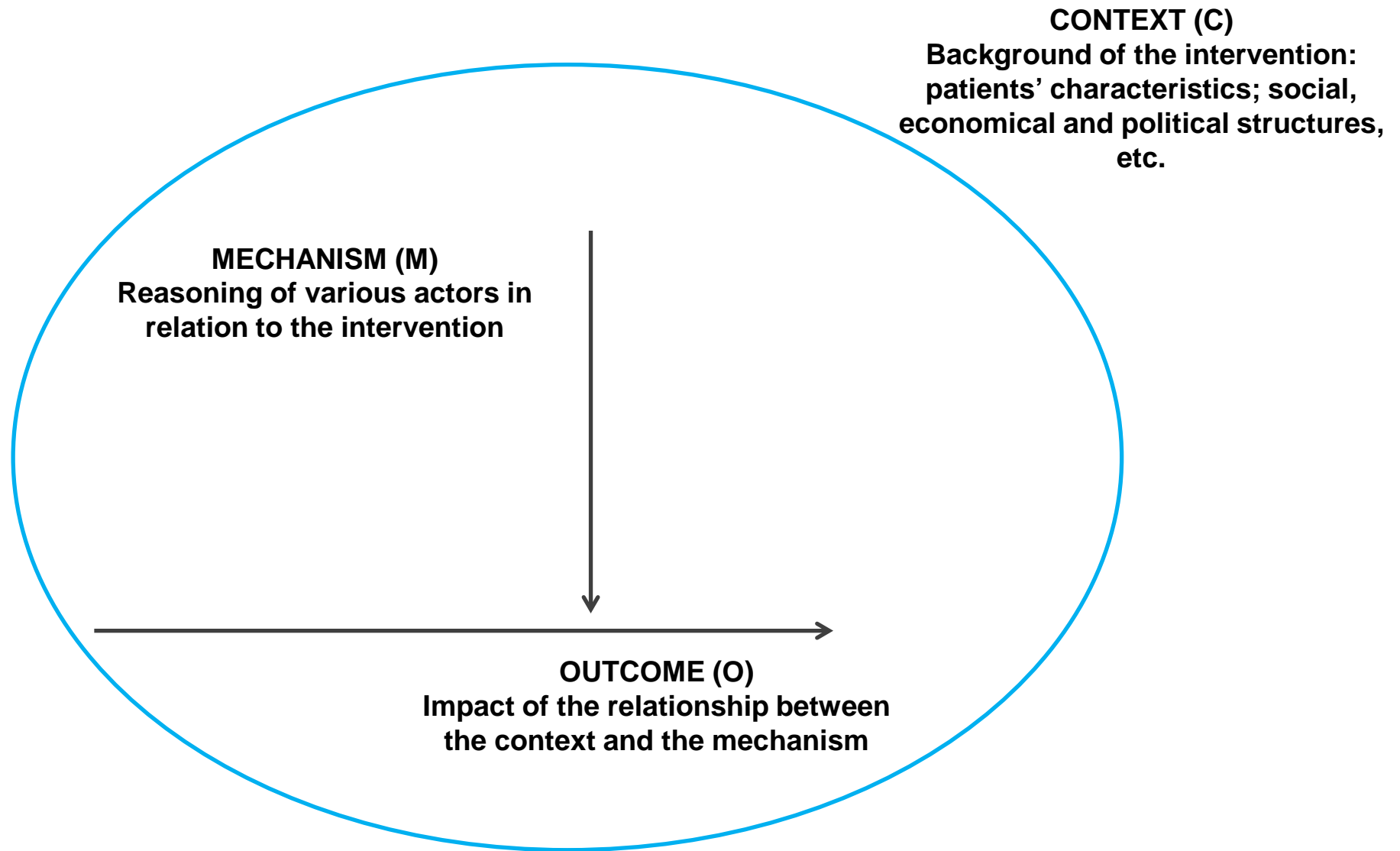- Pawson R, Tilley N. Realistic evaluation. London: Sage; 1997.

NAPCRG

CONTEXT (C)
Background of the intervention:
patients' characteristics; social,
economical and political structures,
etc.

MECHANISM (M)
Reasoning of various actors in
relation to the intervention

OUTCOME (O)
Impact of the relationship between
the context and the mechanism

Figure adapted from: Pawson R, Tilley N. Realistic evaluation. London: Sage; 1997.

Two key realist approaches

1. Realist Review

2. Realist Evaluation

NAPCRG

1. Realist Review

- Form of systematic literature review

- Uses **mainly secondary data** to synthesize existing research findings and other relevant data to test and refine theories which explain **in what circumstances** and through **what underlying causal processes** interventions produce intended and unintended outcomes

- The focus of inquiry is the program theory

Pawson R. Evidence-Based Policy: A Realist Perspective. London: Sage Publications; 2006.

1. Realist Review - An Example

Example: PriCARE program

Step 1: An initial program theory was developed.

Step 2: A systematic review identified evidence on CM interventions, relevant documents were evaluated and CMO configurations were identified.

Hudon, C., Chouinard, M.C., Aubrey-Bassler, K., Muhajarine, N., Burge, F., Bush, P.L., Danish, A., Ramsden, V.R., Légaré, F., Guénette, L. Morin, P., Lambert, M., Fick, F., Cleary, O., Sabourin, V., Warren, M., & Pluye, P. (2020). Case management in primary care among frequent users of health care services with chronic conditions: A realist synthesis. Annals of Family Medicine, 18(3), 218-226.
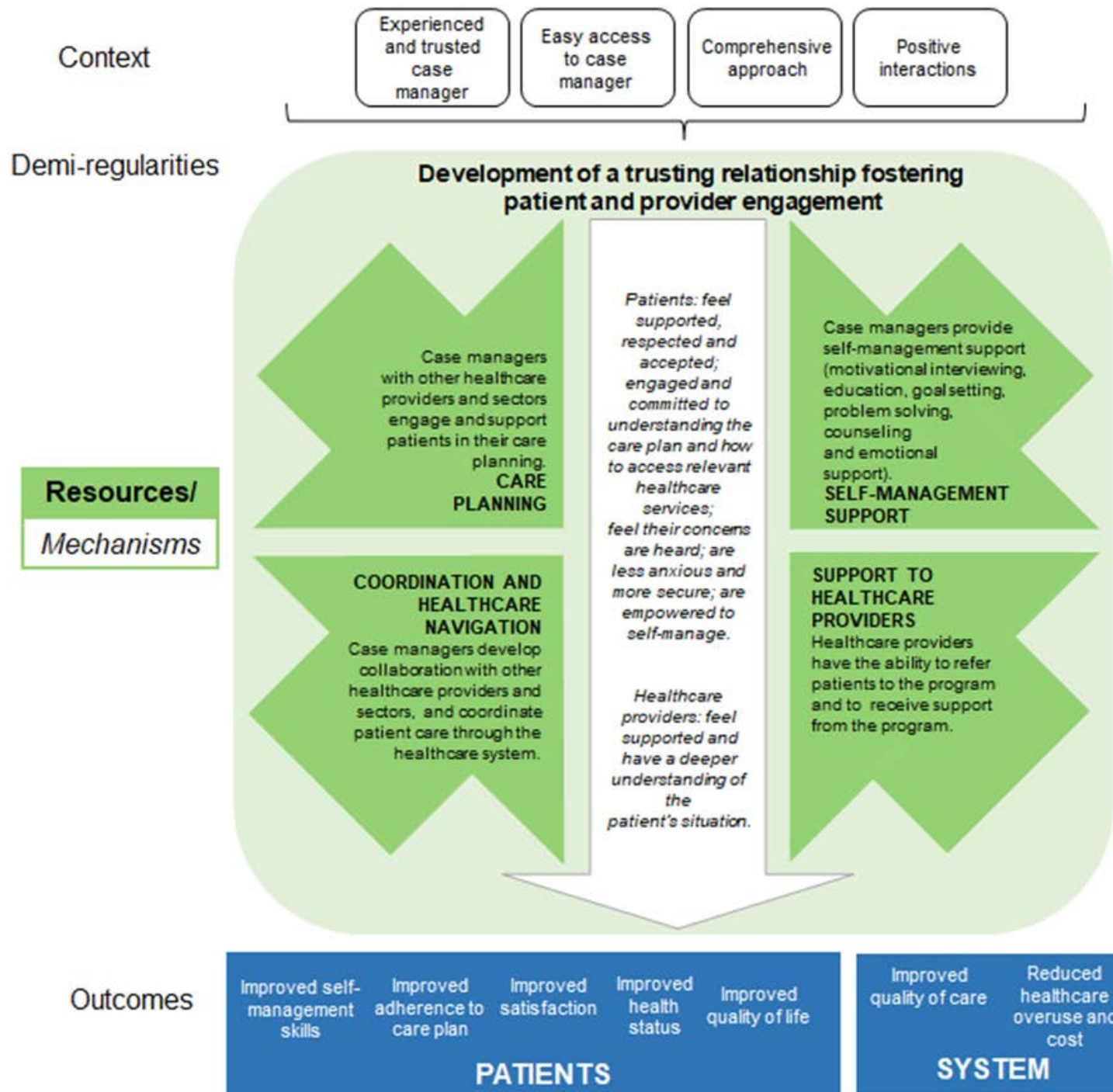
NAPCRG

1. Realist Review – An Example

Step 3: Based on the analysis of CMO configurations, the initial program theory was modified toward a **refined program theory**:

easy access + positive relationship between patient and experienced, trusted case manager who provides comprehensive care fosters engagement of both and yields positive outcomes when the following mechanisms are triggered: patients and clinicians feel supported, respected, accepted, engaged, and committed; and patients feel less anxious, more secure, and empowered to self-manage.

Refined Program Theory

Context

| Experienced and trusted case manager | Easy access to case manager | Comprehensive approach | Positive interactions |

Demi-regularities

Development of a trusting relationship fostering patient and provider engagement

Resources/
Mechanisms

Case managers with other healthcare providers and sectors engage and support patients in their care planning.
CARE PLANNING

COORDINATION AND HEALTHCARE NAVIGATION
Case managers develop collaboration with other healthcare providers and sectors, and coordinate patient care through the healthcare system.

Patients: feel supported, respected and accepted; engaged and committed to understanding the care plan and how to access relevant healthcare services; feel their concerns are heard; are less anxious and more secure; are empowered to self-manage.

Healthcare providers: feel supported and have a deeper understanding of the patient's situation.

Case managers provide self-management support (motivational interviewing, education, goal setting, problem solving, counseling and emotional support).
SELF-MANAGEMENT SUPPORT

SUPPORT TO HEALTHCARE PROVIDERS
Healthcare providers have the ability to refer patients to the program and to receive support from the program.

Outcomes

| Improved self-management skills | Improved adherence to care plan | Improved satisfaction | Improved health status | Improved quality of life |

PATIENTS

| Improved quality of care | Reduced healthcare overuse and cost |

SYSTEM

NAPCRG

1. Realist Review – An Exercise

1. Read article excerpt
2. Identify the C-M-O

1. Realist Review – An Exercise

Nearly every patient had experienced a number of barriers and frustrations in accessing medical care that the DIGMA team seems to have successfully addressed. (...) The care manager is an experienced, calm, trusted professional patients can call when they are frightened or in crisis between group visits, which is often the difference between going to the ED to seek immediate care or waiting a day or 2 until the next group visit.

Source: Crane et al. (2012) Reducing Utilization by Uninsured Frequent Users of the Emergency Department: Combining Case Management and Drop-in Group Medical Appointments. *The Journal of the American Board of Family Medicine.* 25 (2): 189

NAPCRG

1. Realist Review - CMO Identified

CONTEXT	MECHANISM	OUTCOME
Patients had experienced a number of barriers and frustrations in accessing care	Trusting relationship between the patient and the case manager	Reduction in patient anxiety (Intermediate outcome) Reduction in ED visits (final outcome)

2. Realist Evaluation

- An approach to evaluation - to develop, test, and refine a program theory to explain **for whom** and **in what circumstances** an intervention or program works.

- Multi- or mixed-methods approach

- Collects **mainly primary data**: survey data, documentary or observational data, and interview data using a realist interviewing methodology

Pawson R, Tilley N. Realistic evaluation. London: Sage; 1997

NAPCRG

2. Realist Evaluation – Realist Interviewing

- Theories are presented to the interviewee for comment, refinement

- "Teacher– learner cycle" is integral to realist evaluation

- Realist interview techniques:

  1. teaching-learning function: present the respondent with a description of the initial program theory for examination; and

  2. conceptual focusing function: allow the respondent to explain and clarify the thinking of the researcher based on the respondent's ideas.

Pawson R, Tilley N. Realistic evaluation. London: Sage; 1997

NAPCRG

2. Realist Evaluation – Realist Interviewing

Three theory-building phases:

1. Theory gleaning - creating a theory based on interview;

2. Theory refining - PriCARE: refining our theory based on the interview; and

3. Theory consolidation - repeating interviews with some key participants to probe, confirm, or receive clarification on aspects of the program theory.

Realist Interviewing – An Exercise

Formulate questions to further refine our program theory about **how** CM works, **for whom**, in **what** context

Program theory:

easy access + positive relationship between patient and experienced, trusted case manager who provides comprehensive care fosters engagement of both and yields positive outcomes when the following mechanisms are triggered: patients and clinicians feel supported, respected, accepted, engaged, and committed; and patients feel less anxious, more secure, and empowered to self-manage.

Realist Interviewing – An Exercise

Opening Questions

- Context: What do you think fosters a trusting patient-clinician relationship?

- Mechanism: How do you think a case management program would affect how providers manage the care of their patients with chronic conditions and complex needs?

- Outcome: How do you think the case management program may improve patient self-management?

Realist Interviewing – An Exercise

Focused questions

- Context: How do you think the provider's level of experience in case management could influence the patient outcome?

- Mechanism: [describe how case management is believed to work] That is the summary of how we think case management works. How does it work in your opinion?

- Outcome: Do you think the case management program may reduce patients' ED visits? Why?

Conclusion

This workshop reviewed:

- underlying assumptions and concepts of realist approaches;
- two approaches in the realist paradigm; and
    1. realist synthesis (systematic literature review)
    2. realist evaluation
- practical application of realist approaches
    1. how results from our realist synthesis informed the CM implementation
    2. how interviewing can be used in realist evaluation to examine the C-M-O associated with the program's success.

Thank you, Merci!

Contact:

dhowse@mun.ca

maud.christine.chouinard@umontreal.ca

References

- Hudon C, Chouinard MC, Aubrey-Bassler K, Muhajarine N, Burge F, Bush PL, et al. Case Management in Primary Care for Frequent Users of Health Care Services: A Realist Synthesis. Ann Fam Med. 2020;18(3):218-26.

- Hudon, C., Chouinard, M.C., Dubois, M.F., Roberge, P., Loignon, C., Tchouaket, E., Lambert, M., Hudon, E., Diadiou, F., & Bouliane, D. (2018). Case management in primary care for frequent users of health care services: A mixed methods study. Annals of Family Medicine, 16(3), 232-239.

- Hudon, C., Chouinard, M.C., Pluye, P., El Sherif, R., Bush, P.L., Rihoux, B., Poitras, M.E., Lambert, M., Vignon Zomahoun, H.T., & Legaré, F. (2019). Case management for frequent users of healthcare services with chronic diseases in primary care: A systematic mixed studies review. Annals of Family Medicine, 17, 448-458.

- Pawson R. Evidence-Based Policy: A Realist Perspective. London: Sage Publications; 2006.

- Pawson R, Greenhalgh T, Harvey G, Walshe K. Realist synthesis: an introduction Manchester: ESRC Research Methods Programme University of Manchester; 2004.

- Pawson R, Greenhalgh T, Harvey G, Walshe K. Realist review--a new method of systematic review designed for complex policy interventions. Journal Of Health Services Research & Policy. 2005;10 Suppl 1:21-34.

- Pawson R, Tilley N. Realistic evaluation. London: Sage; 1997.

- Westhorp G. Realist impact evaluation: an introduction London: ODI / Methods Lab; 2014.

- Wong G, Greenhalgh T, Westhorp G, Buckingham J, Pawson R. RAMESES publication standards: realist syntheses. J Adv Nurs. 2013;69(5):1005-22.

- Wong G, Westhorp G, Pawson R, Greenhalgh T. Realist Synthesis. RAMESES training materials. http://www.ramesesproject.org/media/Realist_reviews_training_materials.pdf

NAPCRG