CANADA RESEARCH CHAIR IN
IMPLEMENTING INTEGRATED CARE
FOR PEOPLE WITH COMPLEX NEEDS

Care transition Experiences of People with Complex Needs: a Qualitative Study

Olivier Dumont-Samson,
Émilie Angrignon-Girouard,
Charlotte Schwarz,
Shelley Doucet,
Alison Luke,
Maud-Christine Chouinard,
Marlène Karam,
Marie-Dominique Poirier,
Betty Maloney,
Catherine Hudon.

September 20, 2025

UdS Université de Sherbrooke

CONFLICT OF INTEREST (COI)

We have no potential conflict of interest to report

Context

- Canada : 55% of healthcare spending → 5% of the population
- High costs → people with complex health and social care needs ("complex needs“)
- Multiple comorbidities → services across various sectors → frequent care transitions

References: Canadian Institute for Health Information, 2024; Pritchard et al., 2016; Wammes et al., 2018; Wodchis et al., 2016; Bodenheimer et al., 2009; Vogeli et al., 2007; Hudon et al., 2018; Schoen et al., 2011; World Health Organization, 2016.

Context

- Poor care transitions can negatively impact the patient's care experience and outcomes
- Understanding experience of individuals ➔ understanding care transitions ➔ implementation and improvement of integrated care models
- Research mostly focuses on older people and post hospital discharge

References : Bodenheimer et al. 2014; Shaw et al., 2011; Ham et al., 2013; Goodwin and Smith, 2011.

Objective

To better understand the care transition experiences of patients with complex needs across community, primary care, and hospital settings.

Design

Qualitative phase of the PriCARE Transitions project, a two-phase mixed methods multi-site study (sequential explanatory design).

Reference : Hudon et al. 2022

CANADA RESEARCH CHAIR IN
IMPLEMENTING INTEGRATED CARE
FOR PEOPLE WITH COMPLEX NEEDS

Setting

- Three sites in the Canadian provinces of Quebec (sites A and B) and New Brunswick (site C).
  - Site A:
    - Community hospital
    - Healthcare organization serving 440,000 in 88 km² urban area
    - Subset recruited from second hospital 4.5 km south, separately administered.
  - Site B :
    - Urban main university hospital
    - Healthcare organization serving 500,000+ across 13,000 km² (urban, semi-urban, rural).
  - Site C :
    - Two hospitals in urban center
    - Complementary services
    - Tertiary care hospital serving ~170,000 and community hospital serving ~10,000.

Site sampling

Three study sites across two provinces

- Purposefully selected
- Reflect real-world variation in geography and official languages

Reference : Melnyk, 2022

Participants sampling

- Adults with complex needs recruited from each site's emergency department
  - ≥3 ED visits/12 months
  - Screening : 6-items COmplex NEeds Case-finding tool (CONECT-6)
  - Complex needs confirmation : IMSA
- At baseline: sociodemographic, clinical & psychological questionnaires + environmental data collection

References : Moe et al., 2016; Hudon et al., 2021; van Reedt Dortland et al., 2017; Statistics Canada, 2011a; Statistics Canada, 2011b; CIHR, 2022; Mouratidis, 2020; Blumberg, 1999; Moser et al., 2012; Chew et al., 2004; Hudon et al., 2016; WHO ASSIST Working Group, 2002; Bayliss et al., 2005; Poitras et al., 2012; Smith et al., 2017; Hudon et al., 2019; Quebec Institute of Statistics, 2021; Statistics Canada, 2021a; Firth et al., 2021; Statistics Canada, 2021b; Statistics Canada, 2024; Statistics Canada, 2021c

Patients sampling

- At six months : assessment of care transition experiences; the better the experience, the higher the score
  - Quantitative phase : associations between study variables and the care transitions experience score
- Purposive sampling ensured diversity in gender and care transition experiences
  - best and worst experiences, with gender balance

References : Joober et al., 2018; King et al., 2013; Fortin, 2010

Data collection

- 60 minutes, semi-structured, individual interviews
  - open-ended questions on care transition experiences
- 29 patients with complex needs
  - site A: n = 8
  - site B: n = 8
  - site C: n = 13

Reference : Kvale, 1996.

Analysis

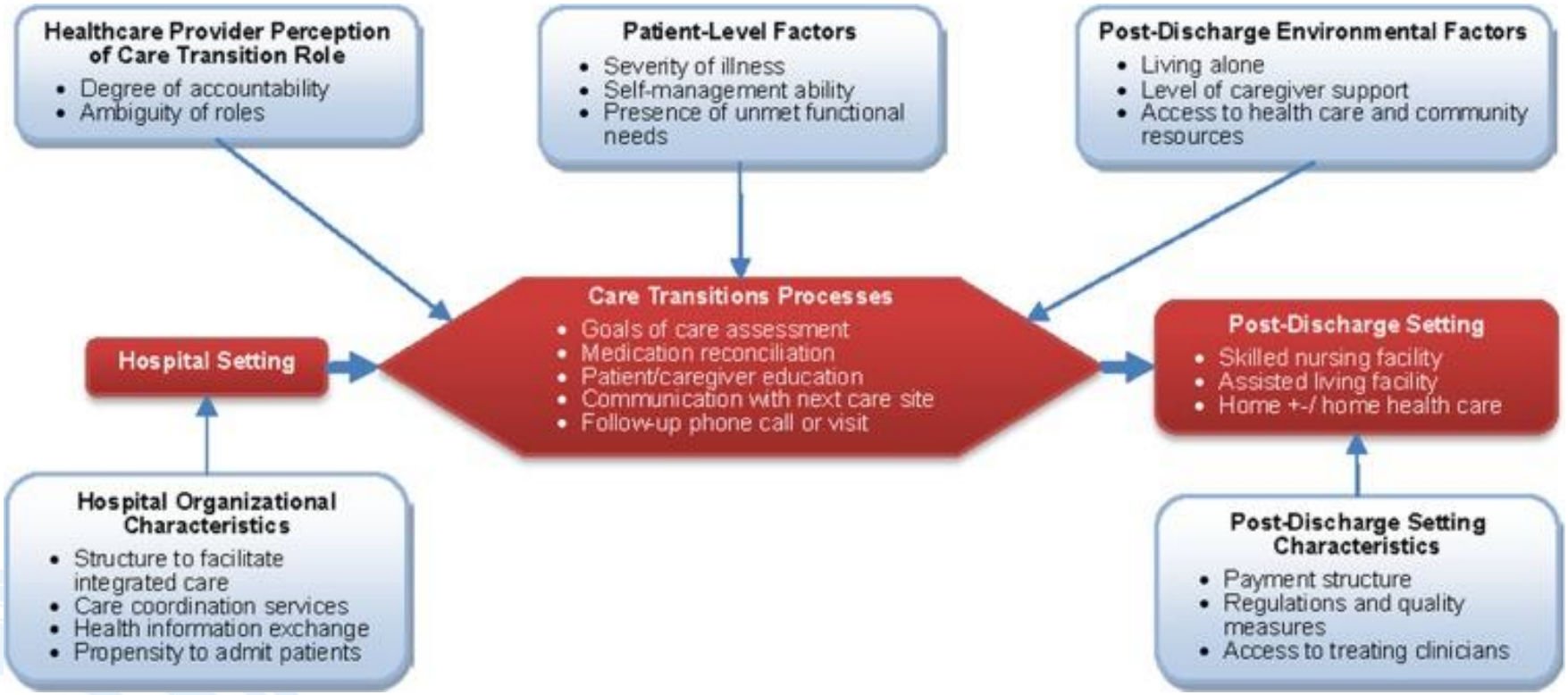
Mixed thematic analysis method

- Inductive
- Deductive, with the three-level conceptual model of factors affecting care transitions
  1) patient level
  2) provider level
  3) healthcare system level

References : Miles, 2014; Arbaje et al., 2014

Analysis

Arbaje et al. conceptual model

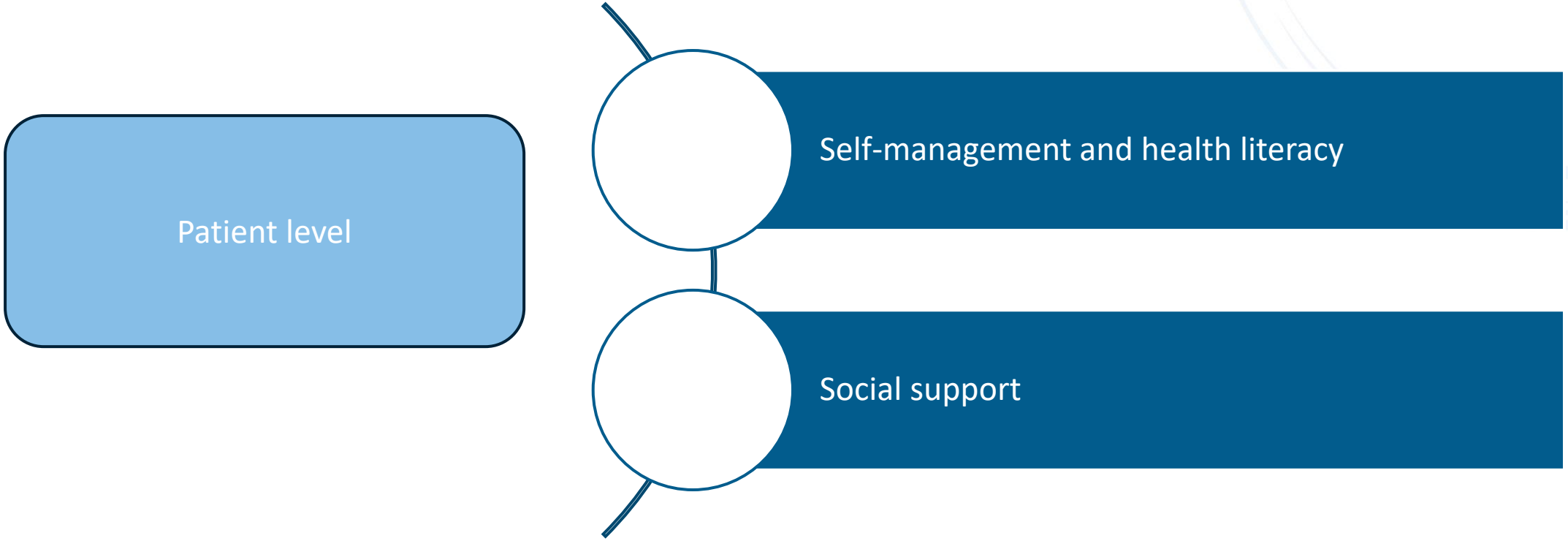


References : Arbaje et al., 2014

Results

CANADA RESEARCH CHAIR IN
IMPLEMENTING INTEGRATED CARE
FOR PEOPLE WITH COMPLEX NEEDS

Factors influencing care transition experiences of patients



Patients quotes

« I'll tell you what, they scheduled appointments for me with an ENT and a gastroenterologist that I never had. They never called me back. So I had to go through my dentist myself to get an appointment with an ENT in March. »

« Had I been alone without that kind of support, I probably would have just laid around. And you know, probably potentially would have deteriorated again and ended right back at the beginning of the cycle back into the ER someday. »

Results

CANADA RESEARCH CHAIR IN
IMPLEMENTING INTEGRATED CARE
FOR PEOPLE WITH COMPLEX NEEDS

Factors influencing care transition experiences of patients

Professional level

- Variability in engagement
- Stigmatization in care

Patients quotes

« Follow-ups, as I'm sure you understand, are very unpredictable. Some do their job well, and then there are others. But I would say that where I have the most difficulty is when, for example, my family doctor refers me to a specialist and the specialist asks me for additional information, even though everything is already in the file. What more do you want me to say? »

« Someone finally looked past my damn tags, my damn mental health records, looked past all that, and referred me to a specialist, but then it takes forever, and after that, when you finally get to see the specialist, they read your file and send you home because you have a mental health problem. [...] I mean, at this point, it causes me psychological distress [...] »

Results

CANADA RESEARCH CHAIR IN
IMPLEMENTING INTEGRATED CARE
FOR PEOPLE WITH COMPLEX NEEDS

Factors influencing care transitions experience of patients

System level

- Emergency department context and services
- Accessibility of care, services, and information

Patients quotes

« Well, just my acid reflux, three [ED] doctors.
The first one, you know, the first one prescribed me exactly the same thing I already had, the same dose. That proves he never opened my file. [...] He didn't even read my file. Can you imagine how I felt when I went to the pharmacy and the pharmacist said, "But you already have a prescription for that" ? »

« There are no mental health services. If you want to see a psychiatrist, good luck. You know, I've been waiting for a psychologist specializing in BDP for a year now. »

Strengths

- Various care transitions for individuals with complex needs
  - most focus on a single event
- Multi-site design across two provinces
  - linguistic and geographic diversity; strengthening transferability

Limitations

- Participants with higher complexity (e.g., homelessness, incarceration)
  - Poor reachability and retention
- Site C : gender balance
- Not all interviews on experience extremes
  - More midpoint of the spectrum

Conclusion

- Patient capacities shape transitions
  - health literacy, self-management, and support facilitate transitions' navigation
- Professional practices vary
  - engagement, communication, and attitudes influence continuity of care
- System characteristics affect transitions
  - service availability, emergency care dynamics, and information flow shape care pathways and impact patient outcomes

References

-Canadian Institute for Health Information. National health expenditure trends 2024.[Available from: https://www.cihi.ca/en/national-health-expenditure-trends]
-Pritchard D, Petrilla A, Hallinan S, et al. What contributes most to high health care costs? Health care spending in high resource patients. Journal of Managed Care & Specialty Pharmacy. 2016;22(2):102-9. doi:10.18553/jmcp.2016.22.2.102
-Wammes JJG, van der Wees PJ, Tanke MA, et al. Systematic review of high-cost patients' characteristics and healthcare utilisation. BMJ open. 2018;8(9):e023113. doi:10.1136/bmjopen-2018-023113
-Wodchis WP, Austin PC, Henry DA. A 3-year study of high-cost users of health care. CMAJ. 2016;188(3):182-8. doi:10.1503/cmaj.150064
-Bodenheimer T, Berry-Millett R. Care management of patients with complex health care needs: Robert Wood Johnson Foundation; 2009. Available from: https://issuelab.org/resources/6218/6218.pdf.
-Vogeli C, Shields AE, Lee TA, et al. Multiple chronic conditions: prevalence, health consequences, and implications for quality, care management, and costs. Journal of general internal medicine. 2007;22(Suppl 3):391-5. doi:10.1007/s11606-007-0322-1
-Hudon C, Chouinard M-C, Bayliss E, et al. Challenges and next steps for primary care research. Annals of family medicine. 2018;16(1):85. doi:10.1370/afm.2189
-Schoen C, Osborn R, Squires D, et al. New 2011 survey of patients with complex care needs in eleven countries finds that care is often poorly coordinated. Health affairs. 2011;30(12):2437-48. doi:10.1377/hlthaff.2011.0923
-World Health Organization. Technical Series on Safer Primary Care: Transitions of care 2016.[Available from: https://www.who.int/publications/i/item/transitions-of-care]
-Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. The Annals of Family Medicine. 2014;12(6):573-6. doi:10.1370/afm.1713
-Shaw S, Rosen R, Rumbold B. What is integrated care? 2011. https://www.nuffieldtrust.org.uk/files/2017- 01/what- is- integrated- care- report- web-final.pdf
-Ham C, Walsh N. Making integrated care happen at scale and pace. 2013.https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/making-integrated-care- happen-kingsfund- mar13.pdf.
-Goodwin N, Smith J. The evidence base for integrated care. 2011. https://www.kingsfund.org.uk/sites/default/files/Evidence- base-integrated-care2.pdf
-Hudon, C., Aubrey-Bassler, K., Chouinard, MC. et al. Better understanding care transitions of adults with complex health and social care needs: a study protocol. BMC Health Serv Res 22, 206 (2022). https://doi.org/10.1186/s12913-022-07588-0
-Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing & healthcare: A guide to best practice: Lippincott Williams & Wilkins; 2022.
-Moe J, Kirkland S, Ospina MB, et al. Mortality, admission rates and outpatient use among frequent users of emergency departments: a systematic review. Emergency Medicine Journal. 2016;33(3):230-6. doi:10.1136/emermed-2014-204496
-Hudon C, Bisson M, Dubois M-F, et al. CONECT-6: a case-finding tool to identify patients with complex health needs. BMC health services research. 2021;21(1):157. doi:10.1186/s12913-021-06154-4
-van Reedt Dortland AK, Peters LL, Boenink AD, et al. Assessment of biopsychosocial complexity and health care needs: measurement properties of the INTERMED self-assessment version. Psychosomatic medicine. 2017;79(4):485-92. doi:10.1097/PSY.0000000000000446
Canadian Institute of Health Research. Equity, diversity and inclusion in CIHR programs 2022.[Available from: https://cihr-irsc.gc.ca/e/52552.html]
-Mouratidis K. Commute satisfaction, neighborhood satisfaction, and housing satisfaction as predictors of subjective well-being and indicators of urban livability. Travel Behaviour and Society. 2020;21:265-78. doi:10.1016/j.tbs.2020.07.006

References

-Blumberg SJ, Bialostosky K, Hamilton WL, et al. The effectiveness of a short form of the Household Food Security Scale. American journal of public health. 1999;89(8):1231-4. doi:10.2105/AJPH.89.8.1231
-Moser A, Stuck AE, Silliman RA, et al. The eight-item modified Medical Outcomes Study Social Support Survey: psychometric evaluation showed excellent performance. Journal of clinical epidemiology. 2012;65(10):1107-16. doi:10.1016/j.jclinepi.2012.04.007
-Chew LD, Bradley KA, Boyko EJ. Brief questions to identify patients with inadequate health literacy. Fam Med. 2004;36(8):588-94. PMID:15343421
Hudon E, Hudon C, Couture E, et al, editors. Measuring health literacy in primary health care: validation of a French-Language version of a Three-Item questionnaire. NAPCRG Annual Meeting; 2016.
WHO ASSIST Working Group. The alcohol, smoking and substance involvement screening test (ASSIST): development, reliability and feasibility. Addiction. 2002;97(9):1183-94. doi:10.1046/j.1360-0443.2002.00185.x
-Bayliss EA, Ellis JL, Steiner JF. Subjective assessments of comorbidity correlate with quality of life health outcomes: initial validation of a comorbidity assessment instrument. Health and Quality of life Outcomes. 2005;3(1):51. doi:10.1186/1477-7525-3-51
-Poitras M-E, Fortin M, Hudon C, et al. Validation of the disease burden morbidity assessment by self-report in a French-speaking population. BMC Health Services Research. 2012;12(1):35. doi:10.1186/1472-6963-12-35
-Smith D, Harvey P, Lawn S, et al. Measuring chronic condition self-management in an Australian community: factor structure of the revised Partners in Health (PIH) scale. Quality of Life Research. 2017;26(1):149-59. doi:10.1007/s11136-016-1368-5
-Hudon É, Chouinard M-C, Krieg C, et al. The French adaptation and validation of the Partners in Health (PIH) scale among patients with chronic conditions seen in primary care. PLoS One. 2019;14(10):e0224191. doi:10.1371/journal.pone.0224191
-Material and Social Deprivation Index [Internet]. Québec Institute of Statistics. 2021. Available from: https://www.inspq.qc.ca/en/deprivation/material-and-social-deprivation-index.
-Dictionary, Census of Population, 2021 - Dwelling condition [Internet]. Statistics Canada. 2021. Available from: https://www12.statcan.gc.ca/censusrecensement/2021/ref/dict/az/Definition-eng.cfm?ID=dwelling-logements003.
-Firth CL, Thierry B, Fuller D, et al. Gentrification, Urban Interventions and Equity (GENUINE): A map-based gentrification tool for Canadian metropolitan areas. Statistics Canada; 2021.
-The Canadian Index of Multiple Deprivation [Internet]. Statistics Canada. 2021. Available from: https://www150.statcan.gc.ca/n1/pub/45-20-0001/452000012023001-eng.htm.
-Spatial Access Measures [Internet]. Statistics Canada. 2024. Available from: https://www150.statcan.gc.ca/n1/pub/27-26-0001/272600012023001-eng.htm.
-Proximity Measures Database, 2021 [Internet]. Statistics Canada. 2021. Available from: https://www150.statcan.gc.ca/n1/pub/17-26-0002/172600022023001-eng.htm.
-Joober H, Chouinard M-C, King J, et al. The patient experience of integrated care scale: a validation study among patients with chronic conditions seen in primary care. International journal of integrated care. 2018;18(4):1. doi:10.5334/ijic.4163
-King J, Gibbons E, Graham C, et al. Developing measures of people's self-reported experiences of integrated care. Picker Institute Europe & University of Oxford; 2013.
-Fortin MF. Fondements et étapes du processus de recherche. Montréal: Chenelière Éducation; 2010.
-Kvale S. InterViews. In: An introduction to qualitative research interviewing. Thousand Oaks: SAGE Publications; 1996
-Miles MB, Huberman AM, Saldaña J. Qualitative data analysis: a methods sourcebook. 3e ed. London: SAGE Publications; 2014
-Arbaje AI, Kansagara DL, Salanitro AH, Englander HL, Kripalani S, Jencks SF, et al. Regardless of age: incorporating principles from geriatric medicine to improve care transitions for patients with complex needs. J Gen Intern Med. 2014;29(6):932–9.

Follow us

https://soinsintegres.ca

https://www.linkedin.com/company/soinsintegres

https://www.facebook.com/soinsintegres

Thank you !

For questions or comments:
olivier.dumont-samson@usherbrooke.ca

CANADA RESEARCH CHAIR IN
IMPLEMENTING INTEGRATED CARE
FOR PEOPLE WITH COMPLEX NEEDS