PIHCINBITE A bite-sized summary of a piece of research supported by SPOR Primary and Integrated Health Care Innovations

Case management in primary care among frequent users of health care services with chronic conditions: preliminary findings from a realist synthesis.



Reference

Hudon C, Chouinard MC, Aubrey-Bassler K, et al. Case management in primary care to improve outcomes among frequent users of health care services with chronic conditions: a realist synthesis of what works, for whom and under what circumstances? PROSPERO: International prospective register of systematic reviews 2017.

https://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42017057753.



Methodology:

Realist synthesis (RS) is conducted.

Five steps are planned: 1) Focusing the scope of the RS; 2) Searching for the evidence (ongoing); 3) Appraising the quality of evidence (ongoing); 4) extracting the data (ongoing) and; 5) synthesizing the evidence.

Background & description

Frequent users of health care services (FU) are more at risk for disability, loss of quality of life and mortality.

Case management (CM) is the most promising intervention for FU, but the causal mechanisms underlying CM and how contextual factors influence the link between these causal mechanisms and outcomes remain unknown.

This review conducted by representatives from 4 different provinces of Canada aims to develop a middle range theory explaining how CM in primary care improves outcomes among FU with chronic conditions, for what types of FU, and in what circumstances.

Project team

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Development of the initial middle range theory about CM in primary care for FU

CONTEXT

Participants Intervention Inner & outer setting

Implementation process

MECHANISMS

Case finding

Early detection of patients with higher baseline multi system health care use and with the most complex care needs using a systematic, proactive and mutual (with or from the patient) identification process.

Care planning

Co-design. comprehensive and shared "understanding" of a patient-centred care plan taking into account patient as a whole, fostering early engagement of patient and of all stakeholders*

> Efficient communication among all stakeholders,

Self-Coordination/ management Integration support

A designated and qualified case manager as a main contact point facilitating access to care, engagement of the patient and all of all stakeholders and coordinating services among all stakeholders

including the patient.

Intensity of the intervention

CM including face-toface and regular visits ("intensity" = enough activities within an enough period of time depending on the patient needs).

Recommendations

Tailored messages based on the RS findings to various relevant stakeholder groups will allow the development of knowledge transfer material that provides guidance on the design and the implementation of CM in health organizations.

Review is still in progress: the next steps include identification of patterns in context-mechanismoutcomes (CMO) configurations within and across identified studies.

OUTCOMES

Improved integration of services

Reduced health care utilization

Reduced health care cost

Patient-centred self-

management support

(structured or not,

individualized or in group

face-to-face, by phone or

electronic system)

including motivational

interviewing, education,

goal setting, problem

solving, counseling and

emotional support to

patients and their family

from health care provider and "peer" patients.

> Improved patient reported outcomes

Stakeholders include all required health care providers, community resources, patient coach, family, caregivers and patient's entourage

What is PIHCI? PIHCI is the pan-Canadian SPOR Network in Primary and Integrated Health Care Innovations. PIHCI is a key CIHR initiative under the Strategy for Patient-Oriented Research and the Community-Based Primary Health Care Signature Initiative.

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