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Positive outcomes and limitations of a case management intervention in primary care for patients with complex care needs

Dana Howse, Mireille Lambert, Mathieu Bisson, Charlotte Schwarz, Maud-Christine Chouinard, Kris Aubrey-Bassler, Shelley Doucet, Vivian R Ramsden, Joanna Zed, Alison Luke, Marilyn Macdonald, Judy Porter, Donna Rubenstein, Jennifer Taylor, Mike Warren, Linda Wilhelm, Catherine Hudon.

Partners

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Presentation Outline

- 1. Background and objectives
- 2. PriCARE Program
- 3. Methods
- 4. Outcomes and limitations of case management (CM)
- 5. Conclusions



Background



Case management (CM) is a promising intervention to improve care integration for patients with chronic diseases and complex care needs



Gaps remain in our understanding of CM's potential in Canadian primary care settings

Objectives

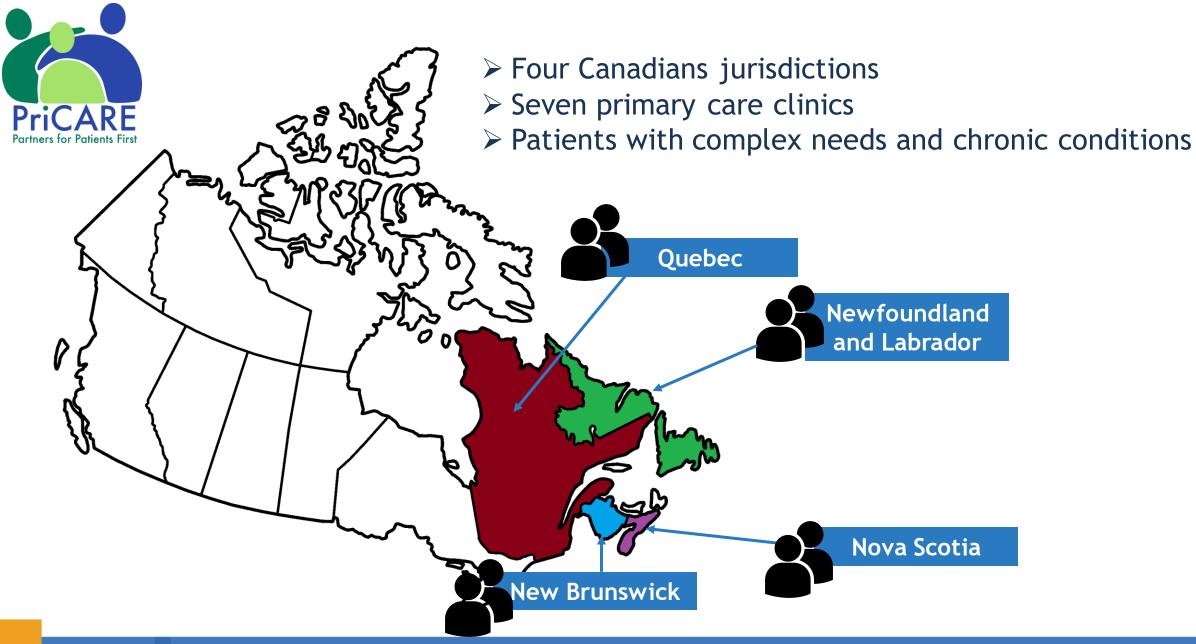


To understand the benefits of CM for patients, nurse case managers and primary providers and for primary care practices more broadly



To understand limitations of CM effectiveness in primary care.







Methods

Design: Secondary qualitative analysis of realist evaluation interview data

Realist Evaluation: frames complex programs as the causal relationship between contexts (c), mechanisms (m), and outcomes (o), or C-M-O

Semi-structured interviews (27) and focus groups (1) using realist interviewing techniques:

- 13 patients
- 1 relative
- 6 nurse case managers
- 4 primary providers
- 4 managers
- 2 other healthcare professionals



Methods

Data collection and analysis was iterative

Qualitative description approach using content analysis

Inductive and deductive coding

Identify CM's outcomes and limitations from the perspective of participants





Results



positive outcomes of CM for patients, providers, and the healthcare system

Two main limits of CM



1. Improved Patient health and well-being

Improved physical and mental health:

- Weight loss
- Improved blood glucose
- Pain reduction and improved mobility
- Reduced need for medical equipment (mobility aids, catheter)
- Reduced stress and anxiety (also for caregivers)

And it seems like I got more encouragement and how to take steps -not just say, okay, you gotta lose the weight. She never said that to me, she said these are the steps you should take, she put me in the right direction of exercise, and all the stuff. - patient

[NCM] was right there to pitch in and just take care of it, and - it lifted a lot of stress and pressure off of myself and my dad, yeah. - relative

1. Improved Patient health and well-being

Increased patient engagement and self-management

Participant: She'll explain to me why it's being done. Like, "he's got you on this for a reason, and I don't know what the reason is, but I think the reason is because da da da," you know? If this stuff got to work with your heart and your stint and all this stuff - she takes a sincere... interest in you.

Interviewer: Then you become more informed about what you're taking and why?

Participant: I'll go and look it up... even though she explains it to me, I still want to find out more about it.

Interviewer: Is that new, or were you always like that?

Participant: No! I didn't care!

- patient

2. Enhanced professional collaboration

Enhanced team environment

The physicians enjoyed having those patient interactions. I felt like those team interactions with patient, nurse and physician to talk about care was something not being done. And it's a new way of delivering, but I think it worked really well. - manager

Increased discussion and improved understanding of patients with complex needs

I spoke to [provider] and he's like, "I'm so glad you came to me, now I know what's happened before I go in that room so I know where I can start" as opposed to trying to iron through everything that has gone on since he saw her last, which was three months ago. - NCM

It was really helpful to have [NCM] see them. So she would do her part of the visit, and then I would do my part. And that allowed me to focus more on my scope of practice... I think how smooth my visits have gone has improved overall...when I'm having less unexpected crises. - provider



3. Expanded professional practice

Increased knowledge of available resources and how to access them Oh my goodness I know so much about the system now [laughs] than before. I can't believe it. I've been [in primary care] over two years now so I felt like I knew a lot about primary health and I knew a lot about the way our system in general works and consults and referrals and all that. I didn't know as much as I thought I did. I keep going back to mental health - not knowing resources and not realizing first of all there are some resources. - NCM

Enhanced professional network

On the other side [of the clinic] is Harm Reduction ... They have a huge mental health background there as well. And I've utilized those individuals so much in this process. - NCM

And when I was calling looking for that splint for that patient, I said I was a case manager and they were like, "Oh my god that's fantastic". It's so well received both with patients and other professionals. - NCM



4. More appropriate and efficient use of health services

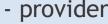
Fewer visits to Primary provider and ED

But the program has helped us...We don't have to go to the doctor all the time. It has helped us immensely. - patient

I do think that that would help us to reduce the overall unexpected and high cost, not just financial to the system, but to the patient as well, use of the system, episodic care and emerge and stuff. I think it really helped to keep patients on track with things like the mental health, medication; it's [NCM] following them. - provider

"Right service at the right time"

I think it formalized the nursing role of looking at the whole picture of the patient, and what they need in their life overall to help support them and be well...It allowed us, or encouraged us to set a routine time every few weeks that it didn't feel like an overuse of the system. ...we were framing it as this is Case Management, this has value we got into that rhythm, and I think that benefited the healthcare system. - provider





5. Increased satisfaction

For Nurse case managers

"Honestly it's such a positive feeling just being able to connect with these people. Having that connectedness and helping people navigate through the healthcare system is so rewarding." - NCM

For patients

"Oh, it's gone magnificent. Yeah, it's gone, magnificent. To be honest I would be in a grave right now if it wasn't for the case management. Yeah, I'm very, very happy I'm in it and it's helped me so good. And it not only helped me, it helped my mom that takes care of me." - patient

For providers

"I found it useful and helpful and supportive even to me. So regardless of my patients having an extra kind of like care provider around, that you can talk about patients [to NCM] and have help to co-manage things is just a good like physician support tool too." - provider



Limits of CM effectiveness

Patient circumstances

- Nature of health condition(s)
- Financial well-being
- Motivation and readiness

I think to be in this Program you have to want to do better. You have to have a goal and want to work on that goal. It's a key component. I mean obviously everyone has their days where like, "You know what, I'm done. I don't want to exercise today, I don't want to work on anything today." That's OK. I mean that can be a few weeks really. But being open to the process is key. - NCM

Availability of resources

- Long wait times
- Complicated procedures for access

Quite a few of my current patients have mental health issues and they were referred to me because of their mental health illnesses. And not having a background in mental health and our system could use a lot of extra resources. We don't have a lot of resources. - NCM



Conclusions

CM can positively affect patient satisfaction and health, and strengthen collaborative care in primary care settings by focusing on patient needs and goals and dedicating time and resources to coordinate care for patients with complex care needs.

Patient circumstances and wider health system challenges may limit the effectiveness of CM for some.



