BETTER CARE FOR PEOPLE WITH COMPLEX HEALTH AND SOCIAL CARE NEEDS: A PARTNERSHIP BETWEEN PRIMARY CARE CLINICS AND THE COMMUNITY NETWORK

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BACKGROUND

- Adults with complex health and social care needs face significant service coordination and care integration issues
- Case management (CM) programs for these people may improve service coordination and care integration [1,2]
- The potential of primary care clinics and community resources (CRs) to improve the implementation of CM programs is high,[3-4] but few studies have focused on their interaction throughout the process

OBJECTIVES

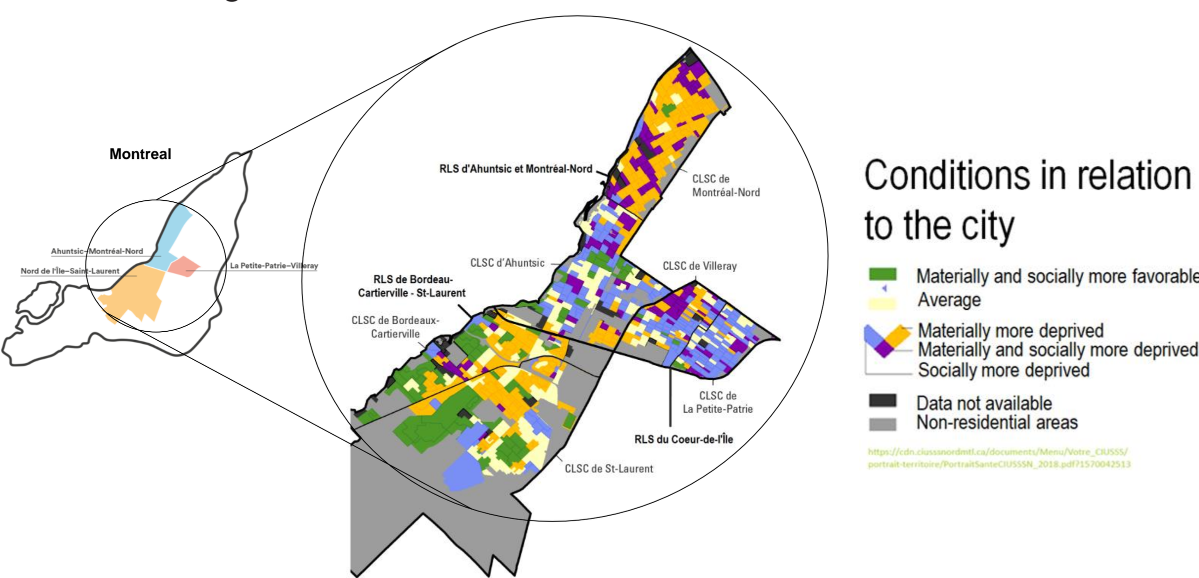
- To implement a CM program in primary care clinics
- To identify factors facilitating or hindering:
  1) the implementation of CM program in clinics
  2) interactions between clinics and CRs

DESIGN

- Qualitative descriptive multiple case study using an inductive thematic analysis approach

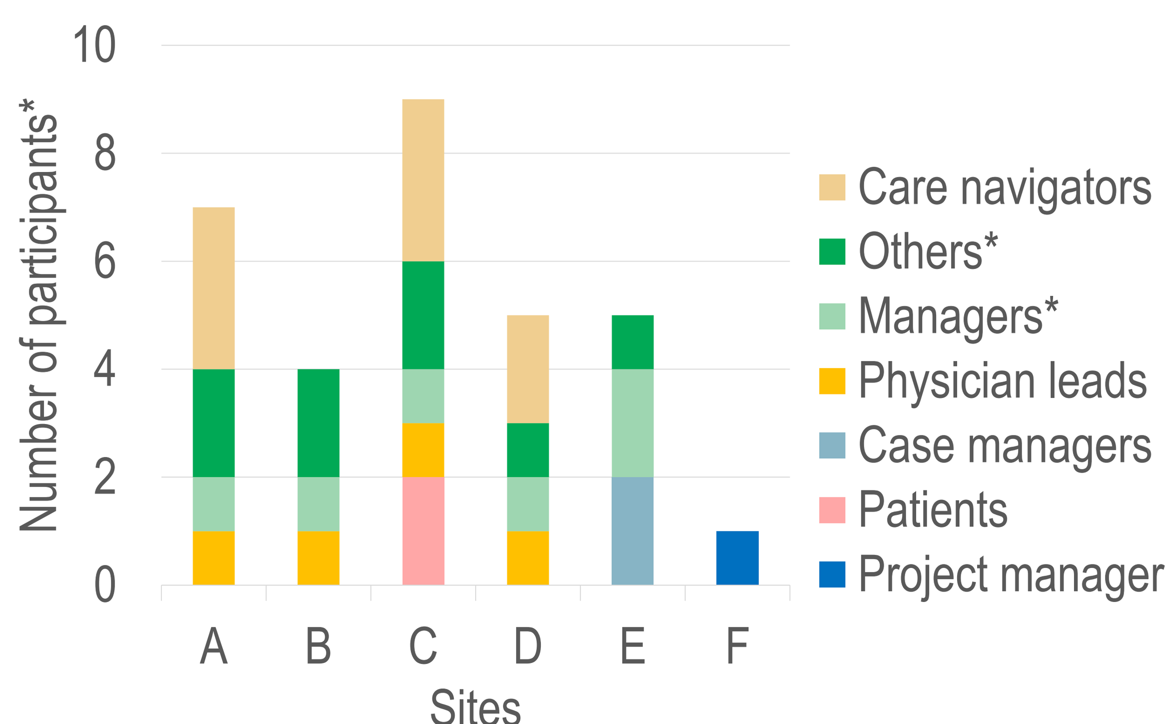
SETTING

- CM program named V1SAGES [5]
- Implemented by care navigators (CNs)
- In 4 urban primary care clinics (cases) located in Montreal (Quebec, Canada)
- Supported by an implementation committee based in an integrated health center



SAMPLING

- Purposive sampling
- Key informants (n=26) involved in 6 participating organizations, including the 4 cases (A, B, C, D)



*One manager and one "other professional" were affiliated with sites B and C. One "other professional" was affiliated with sites A, B, C and D.

DATA COLLECTION

- Semi-structured interviews conducted at the beginning of the implementation (December 2023 to February 2024), and 6 months after implementation (May to June 2024)
- Focus groups with CNs (n=10) in April 2024
- Participant observation during executive meetings (n=12) between March 2023 and March 2024

RESULTS

1 Implementation in the clinics

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- Support from an external skilled case manager
- Community of practice with CNs
- Implementation committee engagement
- Collaboration between social workers and nurses

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- No added resources
- Insufficient dedicated time
- Limited knowledge sharing about CMP
- Lack of monitoring by physicians
- Coordination challenges in a context with a density of services where patients use several services in different territories
- Accessing patients' information is challenging due to multiple information systems and organizations
- Limited patient access to services and difficult navigation
- Patients' negative perception of the healthcare system and of healthcare providers
- Healthcare providers' negative perception of people with complex needs

2 Interaction with community resources

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- Participating social workers had comprehensive knowledge of CRs
- Presence of various services adapted to the patient's needs due to density of services

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- Lack of patients' and professionals' knowledge of CRs' services
- Interaction with CRs limited to one-way referrals
- Limited role of social workers due to a frame of reference sometimes at odds with the CM program
- Care coordination challenges due to multiple CRs
- Restrictive CR access criteria (due to limited resources)
- Building trust and collaboration with CRs takes time
- Challenges of building trust with—and adapting CM to—an ethnically and culturally diverse population

DISCUSSION

- Patient recruitment, care coordination and partnerships with CRs were difficult due to administrative constraints in a pandemic context of scarce of resources, and to the short project duration
- Despite the CRs' potential to support the implementation of the CM program and care coordination, no real partnership was established
- The lack of a strategy to involve CRs must be addressed

HIGHLIGHTS

Key strategies for CM implementation in primary care clinics in partnership with CRs

- CN support by experts
- Implement a communication plan supported by policy-makers
- Better define CNs' role, including administrative, clinical and coordination tasks
- Define strategies to develop partnerships with CRs
- Involve clinic social workers in these strategies
- Involve community organizers with the implementation committee
- Integrate the CNs' role into social workers' frame of reference
- Involve trusted informal caregivers to engage patients

STRENGTHS AND LIMITATIONS

Strength:

- Close partnership between the research team and the implementation committee, facilitating access to data

Limitations:

- Cases being relatively homogeneous, theoretical transferability of the results is reduced to urban settings
- Few data were collected from the patients

CONCLUSION

- Further research is needed to define the conditions for an effective partnership between primary care clinics and CRs throughout the implementation process of CM programs.

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