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Case management in primary care for people with complex care needs: a realist evaluation

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Disclosures

- The authors declare no competing interests.
- This study received approval from Ethics Review Boards in each of the 4 participating Canadian jurisdictions: Quebec, New Brunswick, Nova Scotia, Newfoundland and Labrador.

Outline

- Background and Objective of the Study
- Realist Evaluation
- PriCARE Program
- Data Collection and Analysis
- Results of the Study
- Next Steps



Case Management (CM)



Patient and family needs evaluation



Care coordination



Patient-centered individualized services plan



Education and self-management support

Study Objective

What do we know about CM?

Effective intervention for patients with complex needs

What do we need to know about CM?

For optimal implementation of CM program, why CM may or may not be successful, under what circumstances, and for whom

What is the objective of this study?

To understand and explain how CM works, under what conditions and for whom

Realist Approach

- Theory-based evaluation approach
- Realist philosophy: there is a real world and our knowledge of it is processed through human senses and thought, language and culture
- Assumes that:
 - nothing works everywhere or for everyone
 - outcomes depend on context
 - social interventions are complex

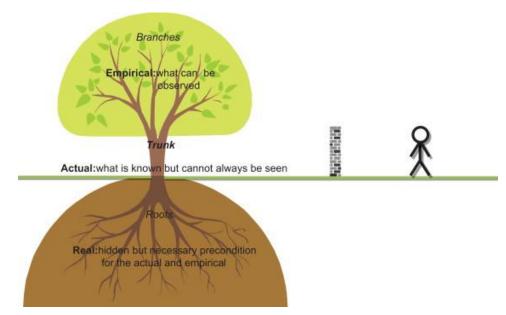


Figure from Walsh and Evans, 2014

Realist Evaluation

- 'What works, how, in which conditions and for whom', rather than 'does it work?'
- Collects mainly primary data: survey, documentary, observational and interview data
- Goal is to develop, test, and refine a program theory to explain why a program may or may not work

When a realist evaluation is useful.

Ineed to evaluate a new initiative.



A pilot program for us.



we have a program that works, but we don't know how or for



we are trying to scale our program but need to figure out how.

I have a trial

that needs an

RAMESESPROJECT.ORG

CMO Configuration

CONTEXT (C)

structures

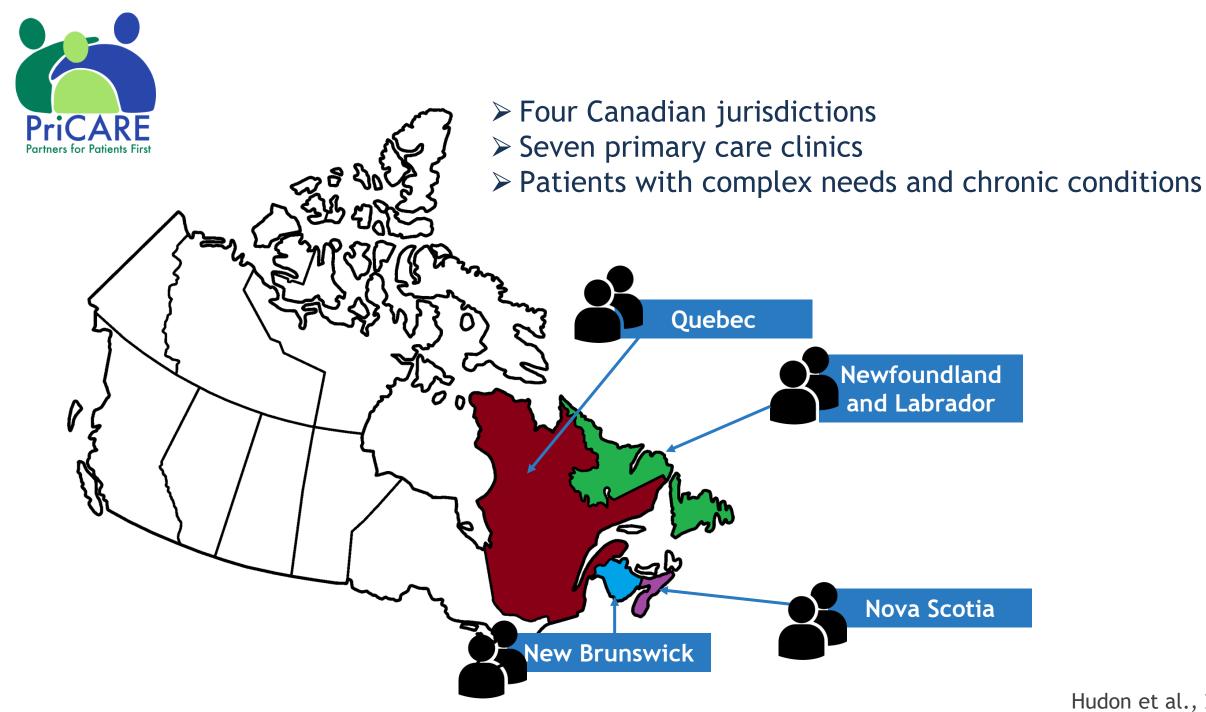
Background of the program that triggered the mechanism: informants' characteristics, Interpersonal relationships, social, economic and political contexts and

MECHANISM (M)

Reasoning, attitudes and behaviors of the various actors in relation to the program, that triggered the outcome

OUTCOME (O)

Impact of the relationship between the context and the mechanism



Data Collection and Analysis

- Realist interviewing strategy
- Twenty-seven individual interviews and one focus group with stakeholders (n=30 participants)
- Identification of CMO for each interview and then, aggregated, organized and interpreted by the team

Participants	n
Patients	13
Family members	1
Case managers	6
Health managers	4
Primary providers	4
Other healthcare professionals	2

Context

Experienced and trusting case manager

East access to case manager

Comprehensive approach

Positive interactions

Demi-regularities

patients and providers engagement

Development of a trusting relationship fostering

Patients: feel

are heard, less

anxious, and

more secure; are

empowered to

self-manage.

the patient.

Theory on CM in **Primary Care for** Resources/ mechanism

Initial Program

Patients with

Complex Needs

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

COORDINATION/ **HEALTH NAVIGATION** Case managers develop collaboration with other

healthcare providers and sectors, and support Healthcare patients through the providers: feel healthcare system. supported and have a deeper understanding of

supported, Care managers provide respected and SM support (motivational accepted, interviewing, education. engaged and committed to: goal setting, problem understands the solving, counseling care plan and how and emotional to access relevant SELF-MANAGEMENT healthcare **SUPPORT** services: feel their concerns

SUPPORT TO PROVIDERS

The healthcare providers have the ability to refer patients to the program and receive support from the program.

Outcomes

Improved selfmanagement

Improved patient adherence

Improved patient satisfaction

PATIENTS

Improved health

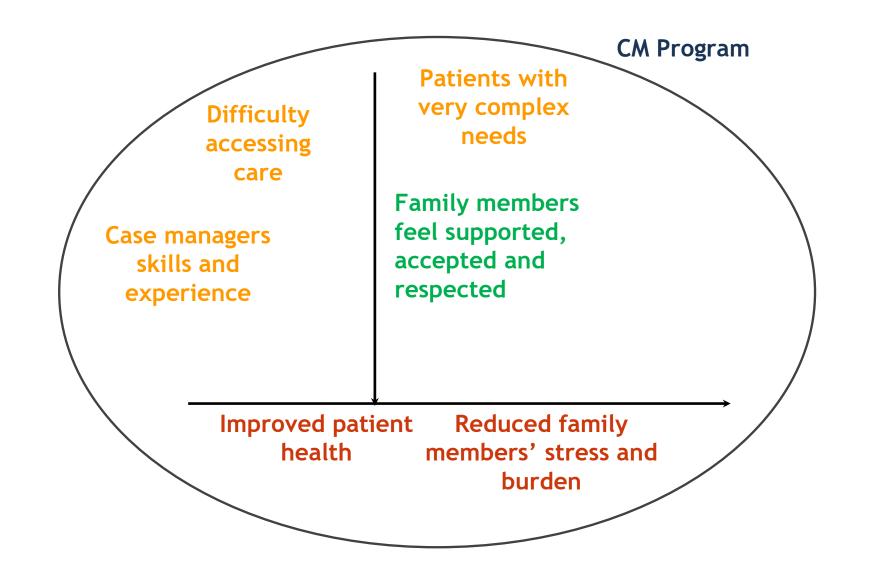
quality of life

Improved

Reduced healthcare quality of care use and cost

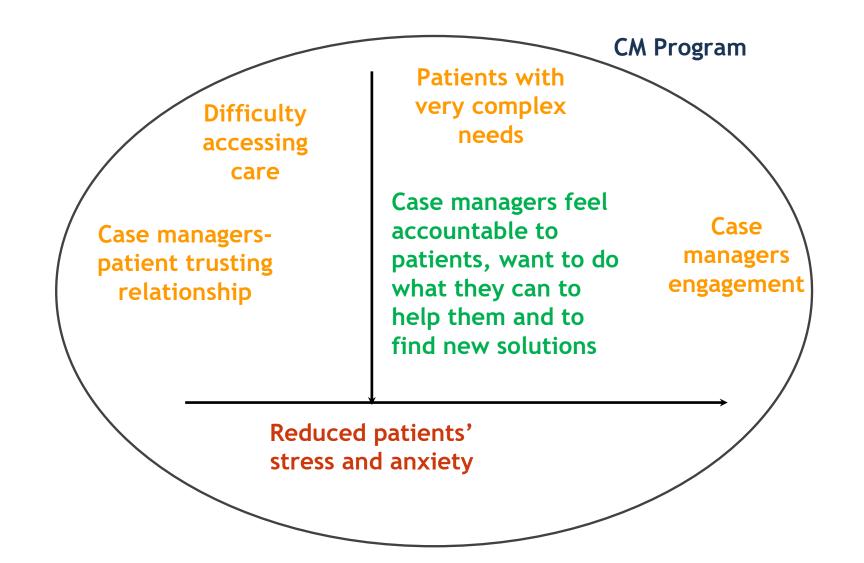
SYSTEM

Results - New CMO Configurations



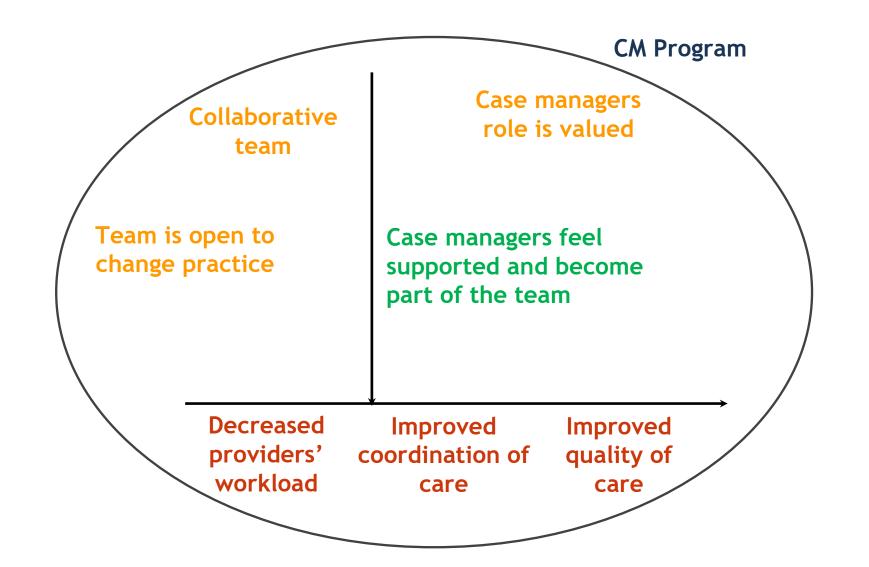
Legend
Context
Mechanism
Outcome

Results - New CMO Configurations



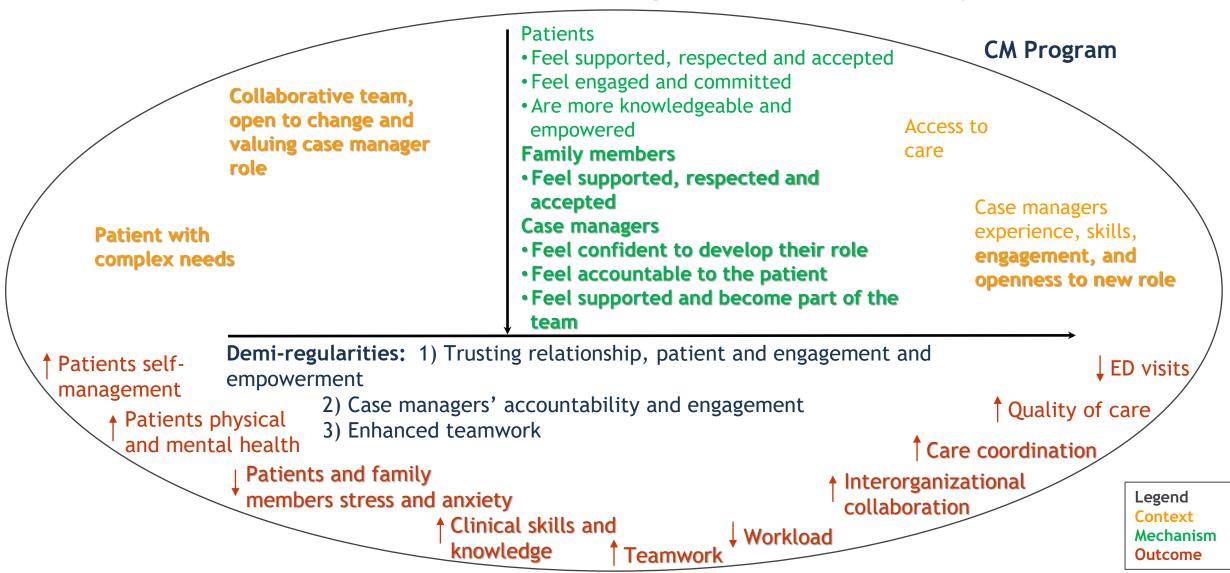
Legend
Context
Mechanism
Outcome

Results - New CMO Configurations



Legend
Context
Mechanism
Outcome

Results - Refined Program Theory



Next Steps

To deepen our understanding of the relationships between the actors, contextual factors, mechanisms, and outcomes of:

- Facilitation when implementing a complex intervention in primary healthcare (PriCARE 2, 2023-2027)
- Scaling-up of a CM intervention for people with complex needs in primary healthcare (PriCARE Integration, 2023-2028)



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