

Case management in primary care among frequent users of health care services with chronic conditions: a realist synthesis?



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BACKGROUND

- Case management (CM) appears to be a promising intervention to improve health care management for frequent users and to reduce health care costs.
- CM offers support to patients and their families to manage their medical and social issues more effectively, and improve their health status and healthcare use.
- While extant reviews provide evidence for the effectiveness of CM, the causal mechanisms underpinning this intervention and how contextual factors influence the link between these causal mechanisms and the intervention outcomes remains unknown.

AIM

 This RS aimed to develop a middle-range theory that explains how CM in primary care works to improve outcomes among which types of frequent users with chronic conditions, and in what circumstances.

METHOD

- Realist synthesis (RS) methodology is particularly valuable to synthesize evidence about complex social interventions involving a chain of processes, to identify underlying and invisible generative mechanisms and examine how they operate under different conditions.
- Realist methods are often represented as context + mechanism = outcome (CMO)
- This RS followed the five stages recommended by Pawson: (1) Focusing the scope of the RS and promoting stakeholder engagement, (2) searching for evidence, (3) appraising the quality of evidence, (4) extracting the data, (5) synthetizing the evidence.

RESULTS Middle-range theory about how CM works in primary care for frequent users with chronic conditions Experienced East access to **Positive** Comprehensive Context and trusted interactions case manager approach case manager Development of a trusting relationship fostering patients and providers engagement Patients: feel supported, Care managers provide SM respected and upport (motivational accepted, engaged Case managers nterviewing, education, goal and committed to; with other healthcare etting, problem solving, understand their providers and sectors engage care plan and how and emotional and support patients in their to access relevant care planning Strategies/ healthcare services; **SELF-MANAGEMENT** mechanisms feel their concerns **PLANNING** SUPPORT are heard, less anxious, and more **SUPPORT TO** COORDINATION/ secure; are HEALTHCARE **HEALTH NAVIGATION** empowered to self-**PROVIDERS** Case managers develop manage. The healthcare providers collaboration with othe have the ability to refer healthcare providers and patients to the program sectors, and support Healthcare and to receive support patients through the providers: feel from the program. healthcare syster supported and have a deeper understanding of the patient's situation. Reduced Improved **Improved** healthcare quality of life Outcomes use and cost skills SYSTEM **PATIENTS**

DISCUSSION

- This middle-range theory accounts for the importance of contextual factors, such as easy access to a trusted case manager who provides comprehensive care, while maintaining positive interactions with patients, for the success of CM interventions.
- These results show that it is the development of the trusting relationship that triggers patients' and providers' engagement (mechanism) in the CM.

Strengths and limitations:

- Results are anchored in the empirical literature and the practical experience of CM stakeholders across Canada.
- Limited descriptions available about the CM interventions and how individuals reacted to CM intervention.

CONCLUSION

 This RS will lead to patients' self management, reduced misuse of health care services, and reduced health care system costs.

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