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CONFERENCE ABSTRACT

Integrated case management between hospitals and primary care clinics for frequent users of healthcare services

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Introduction

Some people frequently use healthcare services due to complex healthcare needs and are more at risk of incapacity and mortality. Literature supports case management (CM) to improve integrated care, patient experience, and patient-reported outcomes for this clientele. However, challenges remain in the interaction between hospitals and primary care clinics. The aim of the study was to implement and evaluate an intervention where case managers in hospital work closely with primary care nurses to improve integrated care of frequent users of healthcare services.

Methods: Study Design

Multiple embedded case study.

Setting

Four hospitals and four primary care clinics in the region of Saguenay-Lac-Saint-Jean, Quebec, Canada. Each clinic was considered as a case. Frequent use was defined as ≥ 4 emergency department (ED) visits and/or ≥ 3 hospitalizations in the previous year. Intervention: Case managers identified frequent users in each clinic within the computerized platform of the hospitals. Primary care nurses worked in close collaboration with case managers to develop an individualized service plan and ensure coordination and self-management support during 6 months.

Data collection and analysis

The mixed data collection included, at baseline and 6 months: 1) Semi-structured interviews with case managers (n=3), primary care nurses (n=11), programs managers (n=4), and patients (n=19), and focus groups with family physicians (n=36) and other professionals (n=26) to evaluate implementation and outcomes (care access and satisfaction, self-management, well-being and hospital services use); 2) Fieldnotes to complete and validate the qualitative data; 3) Self-administered questionnaires for sociodemographic characteristics (age, sex, marital status, education, occupation, family income and perception of the economic situation, health literacy, and multimorbidity) and quantitative outcomes (patient experience of integrated care and self-management of health) completed by frequent users who received the intervention (n=33); and 4) Services use (ED visits, hospitalizations and primary care utilization) measured in the electronic medical record. For each case, qualitative and quantitative data were first analysed separately,

then combined into case stories that were compared. A patient partner was involved in data collection and analysis.

Results

Implementation of the intervention varied among the 4 clinics, from almost no implementation (the family physician in charge of the clinic decided to stop the implementation) to full implementation (strong leadership and collaboration among all stakeholders - case managers, primary care nurses, family physicians and managers). Qualitative and quantitative outcomes were proportional to the stage of implementation.

Discussion

This study adds to the literature on CM to improve integrated care by proposing the concept of integrated CM between hospitals and primary care clinics. Conclusions: Integrated CM may have positive impacts on frequent users and services use if all stakeholders engage in practice change.

Lessons learned

Adressing change management and mobilizing all stakeholders at the onset are mandatory when implementing such complex interventions targeting practices changes.

Limitations

The study lacked of power for analysis by clinic for outcomes such as self-management and services use. Results are transferable to similar contexts (to be described in the presentation).

Suggestions

Future research could replicate this study on a larger scale with economic analysis.