

Case Management for the Elderly at Home: Should Policy-Makers Support it and How?

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Researchers and policy-makers collaboration

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Outline

- ❖ Context
- ❖ Research objectives
- ❖ Methods
- ❖ What did we learn?
- ❖ What do we need?
- ❖ Conclusion

Ontario MOHLTC Responsive Project

- ❖ What is case management?
- ❖ What are the optimal conditions for case management?
- ❖ What is the impact of case management for clients, families and the health care system?
- ❖ What are the elements for optimal decision-making?

Research objectives

- ❖ To examine case management models in Ontario and other jurisdictions for the integration and coordination of available services that ensure the right care, at the right time and at the right place for the elderly
- ❖ To provide evidence-based recommendations to inform administration and policy-making

Methods: Systematic literature review

❖ Main search terms

- *e.g. : case management, continuity of care, coordination of care, patient navigation, integrated health system, integrated service delivery*

❖ Filters

- Elderly (65+) and Home care

❖ Multiple electronic databases, Internet, manual checks of references

❖ January 1998-May 2008

Electronic database

Total found
21 327

Filter
2 471

Meet inclusion criteria
217

Relevant
73

Grey literature

Total found
38 695

Filter
208

Meet inclusion criteria
39

Relevant
12

Results

What is Case Management?



Optimal conditions



*Managers and
Policy-makers*



*Elderly at
home*



*Single Point
of Entry*



*Information
Technology*



Interdisciplinary team



*Case Managers
Family Doctor*



*Systematic
Assessment
Geriatric Approach*

Case Management Outcomes

- ❖ Patient-focused outcomes
 - Positive
 - Cost for lay caregiver?
- ❖ System-focused outcomes
 - Positive/resource utilization
 - Inconsistent cost-effectiveness outcomes

What did we learn ?

1. CM is a multi-component intervention for which the active ingredient is not well understood
2. Simply introducing CM will not alone deliver the change required to actualize “Aging at home” objectives
3. Links with primary and acute care are critical, and need to be strengthened as part of any solution
4. CM interventions should focus on a geriatric approach and expertise
5. CM is an essential element of a wider integration strategy

What do we need?

1. Clarify roles and responsibilities of individual and team
2. Reduce administrative tasks for case managers
3. Ensure systematic approaches to caseload management
4. Identify common performance indicators at the individual and population levels

Conclusion :

- ❖ CM is a promising strategy to improve “Aging at Home” but evidence from most demonstration projects may not be externally generalizable or ready to scale-up
- ❖ Choice of approaches should be contingent on the local dynamics and consider interdependence with other inter organisational and inter sectorial integration strategies
- ❖ More practical trials are needed to open the CM “black box” and to understand multiple component synergies and their impact, specifically for lay caregivers and system-level cost-effectiveness

Thank you for your attention!

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