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Title

Planning scale-up of integrated care programs for people with complex needs: a multiple case study

Priority 1 (Research Category)

Dissemination and implementation research

Presenters

Emilie Angrignon-Girouard, PhD, Alexandra Lemay-Compagnat, MA, Mathieu Bisson, MA, Catherine Maisonneuve, MSc, RD, Olivier Dumont-Samson, MA, Maud-Christine Chouinard, PhD, RN, Marie-Dominique Poirier, Catherine Hudon, MD, PhD

Abstract

Context: Adults with complex needs require health and social services from a variety of providers, which can lead to frequent use of services. Appropriate care for these people calls for integrated care. However, few studies assessed the organizational conditions to implement integrated care programs (ICP), in preparation for scale-up. Objectives: 1) implement an ICP for adults with complex needs in health and social services organizations and primary care clinics; 2) evaluate organizational and governance factors influencing implementation; and 3) make recommendations from key stakeholders to facilitate scale-up. Study Design: A qualitative multiple-case study design. Setting: Two health and social services organizations and 5 primary care clinics in Quebec, Canada. Population studied: Key informants involved in the implementation: people with complex needs (n = 2), managers (n = 17), hospital case manager (n = 1), case managers in primary care clinics (n = 14), project managers (n = 2), physicians in charge of participating clinics (n = 4), and other healthcare professionals (n = 2). Intervention: A case management program including 4 components: 1) patient needs assessment; 2) care planning and development of an individualized services plan; 3) navigation and coordination of services; 4) education and self-management support. Methods: Implementation process: Case A: 8 operational committee meetings; 20 clinical support meetings; 16 people trained. Case B: 12 operational committee meetings; 8 clinical support meetings; 14 people trained. Data collection: participant observation, semi-structured interviews, and focus groups. Analysis: Data were analyzed together using a deductive (RE-AIM framework) and inductive thematic analysis. Case stories were developed and then compared. Outcome Measures: Organizational and governance factors influencing the implementation

of ICP, and recommendations to facilitate scale-up. Results: Identifying patients targeted by the ICP was challenging. Better access to health information technology for case-finding was strongly recommended. Remuneration methods compatible with family physicians' commitment to the program were needed to promote their engagement. Appropriate change management, including external facilitation, was also important to promote implementation and ensure sustainability of ICP over time. Conclusions: This study may inform stakeholders interested in scaling up ICP for adults with complex needs.

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