Case management projects enabling frail older people to stay in their own home - building quality indicators for the evaluation of Protocol 3 projects

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Background

(1) Aggregated results of systematic reviews show that case management interventions have **mixed or no impact** on frail older persons outcomes, excepted in terms of beneficiaries' satisfaction of overall care and relieving burden of informal caregivers (AHRQ, 2013). **Heterogeneity of case management interventions** seems to be responsible for these inconclusive results.

(2) 63 innovative projects are currently financed under « Protocol3 », and are evaluated. Out of these 63, 21 are case management (CM) projects. **Primary outcome** is the risk of frail older person's institutionnalization; **secundary outcomes** include functional status, perceived health, quality of life and burden of the informal caregiver.

Purpose

To investigate **whether** and **under which conditions** the 21 case management projects – provided alone or in combination with other intervention(s) of Protocol 3 - were effective to decrease the risk of institutionalization of frail elderly living at home, and **why**. Other outcomes (i.e. quality of life, functional status and perceived burden of their main informal caregiver) are described elsewhere.

Methods

Following a **mixed methods design**, the impact of the projects was investigated through an **implementation** and **effectiveness** analysis. To guide data collection and analyses, projects were viewed as complex adaptative systems (Plsek & Greenhalgh, 2001).

A primary in-depth analysis of five projects, using a **case study** methodology, allowed a precise description of the **components**, **interaction patterns** and **level of implementation** of these projects.

Secondly, based on Wagner's Chronic Care Model (1996) and subsequent ACIC quality indicators (Bonomi & al., 2002) and first results of the implementation and effectiveness analysis, **quality indicators** were constructed, to further identify the determinants and mechanisms of the projects' impact on frail older persons' outcomes, as viewed by the professionals of the projects (Greenhalgh et al., 2004).

Future steps

Project components will be tested by the means of regression analyses with the primary outcome (risk of institutionalization) and secundary outcomes.

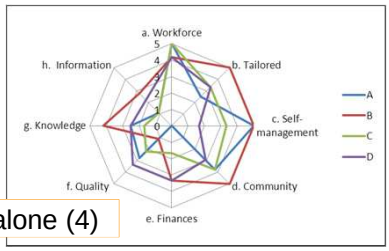
Further case study will allow to fine-tune our understanding of this correlation (How?) and suggest causal links (Why?).

Results

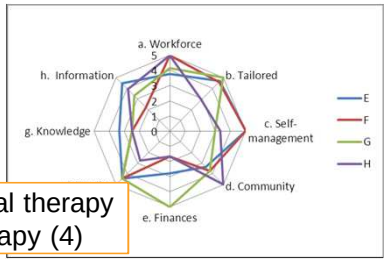
Case study methodology allowed the identification of project components (structural or process-related) who could have an impact on frail older persons delay of instutionnalization. 25 relevance criteria derived from these empirical results, along with elements from Wagner's Chronic Care model (1996) were grouped into eight domains.

a) **Appropriateness of the workforce**
b) **Tailored service design and organisation**
c) **Self-management and support**
d) **Community linkages**
e) **Appropriateness of financial incentives**
f) **Processes in support of quality of care**
g) **Knowledge management and decision support**
h) **Clinical information tools**

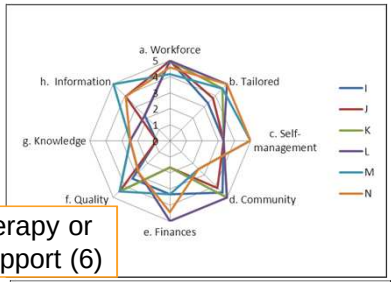
20 CM projects were assessed following these quality indicators; results are provided per subgroup of CM projects. The higher the score, the more appropriate the domain was reported (as perceived by the actors of the projects).



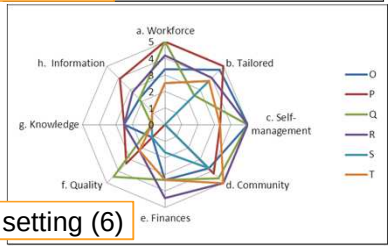
CM delivered alone (4)



CM + occupational therapy and physiotherapy (4)



CM + psychotherapy or psychological support (6)



CM in residential setting (6)

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