

**EVALUATION REPORT
SYSTEM-WIDE CASE MANAGEMENT**

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LEARNINGS, ISSUES & IMPLICATIONS FOR MOVING FORWARD

The system-wide case management project is a pilot project designed to create and implement a service model for case management to inform the operationalization of system-wide case management in the Calgary Health Region. Specifically, the project aimed to create, implement and evaluate a service model for system-wide case management with 4 pilot populations over an 18-month period and to use the project findings to successfully operationalize system-wide case management in the Calgary Health Region. Evaluation was an integral part of the project as it serves to assess the overall system-wide case management model as implemented during the pilot project. The evaluation also aimed to inform recommendations regarding implementation of system-wide case management for other populations by identifying factors critical to the successful operationalization of the model.

The current evaluation presents both process and outcome findings. The developmental or pilot stage of implementing system-wide case management and the short timeline of implementation (i.e., system-wide case managers hired and clients enrolled for less than one year) necessitated a focus on process-related objectives. Data collection tools are provided for ongoing process-related evaluation. Future evaluation efforts should include a stronger focus on system, healthcare professional and client impacts.

Interviews with almost one hundred stakeholders including clients, informal caregivers/family, healthcare professionals, system-wide case managers, working group members, and project management were completed. The interviews highlighted a number of important learnings, issues and implications for moving system-wide case management forward. The overall success of the pilot is recognising its exploratory and developmental nature and, by ensuring a systematic understanding of the implementation process through evaluation, the learnings that will facilitate moving system-wide case management forward.

The primary target audience for this evaluation report is the steering committee and the project manager but the report may also be of interest to other healthcare professionals and managers interested in case management.

Clarify and support system-wide case managers' role

Role

The system-wide case manager role was not consistently understood or enacted across the four pilot populations. While the project nature of piloting the system-wide case manager role allows for shaping the service process along the way, reconciling these processes across case managers and populations and developing best practices is required for going forward with the pilot populations and for the provision of system-wide case management in other populations. However, the lack of a common understanding of the role amongst the working groups, healthcare professionals and case managers challenges successful and consistent implementation of system-wide case management. Ongoing clarification and refinement of the case manager role is needed.

Support structures

The development, composition and role of each pilot population working group differed as did their understanding of the system-wide case manager role. The diversity within the working group membership facilitated the discussion of service gaps and integration issues across the continuum of care. Looking forward, refined working group structures could begin to prioritize and discuss coordination strategies between different segments of the system. They could also assist with clarifying and consolidating case managers' roles and best practices. To provide a stronger, ongoing support structure for system-wide case management, it is recommended that these working group roles become more clearly identified, aligned with, and supportive of operationalizing the system-wide case management model.

The project manager acted as the Case Managers' Case Manager. In addition to providing direct support to the system-wide case managers, the project manager also acted as an information and learning conduit amongst the system-wide case managers, working groups, and healthcare professionals. Moving forward, it is suggested that this role continue in order to provide support to system-wide case management.

Collaborative practice and collegial support

In addition to the diverse perspectives and collaboration opportunities within the working groups, having system-wide case managers from different professional disciplines also allowed cross exchange of knowledge and ideas to the benefit of clients and healthcare professionals. It is suggested that a multidisciplinary composition of the system-wide case manager team be continued in the future.

System-wide case managers developed a sense of cohesiveness and collegial support by regularly meeting together. This promoted open communication and discussion regarding system-wide case management processes and specific cases. Ensuring this type of collegial support of system-wide case managers is advantageous to their individual practices and processes should be facilitated.

Clinical practice support and disease specific knowledge base

Sources of clinical practice support included the system-wide case manager team, the project manager, the working groups (to varying degrees), and healthcare professionals. It is suggested that clinical or frontline expertise should be maintained in the support of the system-wide case managers. An in-depth knowledge of the specific disease and available services and/or programs also increases the system-wide case managers' ability to provide client care. Acquiring this knowledge prior to receiving client referrals is suggested.

Reporting structure

The system-wide case managers report dually to an operational manager and the project manager. Going forward, it is important that whomever the system-wide case managers report to must understand and be supportive of the unique nature of system-wide case management.

Enhance implementation of system-wide case management model processes

Core components

System-wide case managers reported that some core components of the model were quite successful such as needs assessment, monitoring care/progress, and reassessing status. Other components such as establishing goals, developing and implementing care plans, creating solutions to care delivery issues, and collaborative care planning require more attention. Collegial support facilitated ongoing improvements and solutions to implementing the model. The development of guidelines and/or templates to assist system-wide case managers with client intake, assessment, care planning, evaluation, reassessment, and discharge planning may facilitate the ongoing improvements to implementing the system-wide case management model. These mechanisms should also be utilized to ensure consistent implementation of the system-wide case manager role across populations.

Target population and caseload

For some of the pilot population groups, the target subpopulation that is appropriate to receive system-wide case management is well defined whereas other groups are still defining their target subpopulation. A clear understanding of the inclusion/exclusion criteria for accepting clients is needed.

The ideal system-wide case management caseload size is not known. Caseload size may be dependent on the complexity and stage of the disease, client and informal caregivers' resilience, and available services and programs. It is suggested that these factors be considered and that efforts be made to determine caseloads to ensure optimal client care.

To assist with caseload management it is recommended that system-wide case managers be relieved of the initial referral screening and instead a process be implemented whereby referrals are pre-screened to determine basic inclusion/exclusion into system-wide case management. Final inclusion would be established by the system-wide case manager.

Broader system-wide case management model functions

Broader system-wide case management model functions of advocacy, building relationships, education, and finding or connecting resources emerged as strong functions necessary in the implementation and ongoing practice of system-wide case management.

Documentation

Documentation was a challenge for the system-wide case managers. They are still working towards determining the best, most efficient way to manage electronic charting of client information and activity recording. This can be time-consuming and clerical support is suggested to reduce the administrative and data entry related workload.

Positive perspectives of system-wide case management

While clients, informal caregivers and healthcare professionals often did not clearly articulate the system-wide case management role, most of them expressed satisfaction with system-wide case managers and indicated that they saw value in continuing the service.

Healthcare professional perspective

A number of the healthcare professionals situated within clinic or specialty agency services saw the advantage of having system-wide case managers conduct home visits and provide that situational context back to them. Some of the healthcare professionals with cognitively impaired clients found it helpful to have the system-wide case manager as the one point of contact which assisted them to understand their client's needs and health history. Also, the system-wide case managers' ability to bridge the many services that may be available for these populations was viewed as beneficial.

Populations identified as likely to benefit from system-wide case management include those with chronic, progressive neurological conditions particularly those with cognitive changes or populations with multiple medical and psychosocial challenges. Expansion of system-wide case management to these populations should be considered.

Client and informal caregiver perspective

Clients and informal caregivers felt supported by the system-wide case managers because they listened to them and provided advice and guidance in navigating the healthcare system. System-wide case managers also advocated for, or informed them of, services and programs. This support extended to assisting clients and their families with care planning and encouraging them to undertake an appropriate degree of self-management.

Identify and cope with system level challenges

Gaps in services and programs

Consistently, across evaluation participants involved with the four pilot populations, gaps or inconsistencies in services and programs were reported. While it is apparent that system-wide case managers cannot single-handedly address system level gaps and barriers, they are seen as change agents; they are able to clearly identify gaps and articulate them across the continuum of care. This enables system-wide case managers to better facilitate integration and coordination of healthcare services across sectors and boundaries. In some instances, as reported by the clients, system-wide case managers and healthcare professionals, the system-wide case managers are able to improve client access to services, and assist with the integration and coordination of appropriate services for clients and their families or informal caregivers.

Practice and communication silos

The historical silos of practice and, sometimes, unwillingness to change exacerbated by the tradition of keeping information within the professional silos challenges collaborative care for complex clients. It is suggested that system-wide case management ensure that relationships based on open, respectful, reciprocal communication are established amongst all stakeholders including clients, informal caregivers, and healthcare professionals in order to facilitate better client care.

Evaluation team perspective

Based on the feedback provided from many stakeholders involved in system-wide case management, there are four issues which have significance in moving system-wide case management forward. To each of these four issues; the following recommendations are offered:

Recommendation 1: System-wide case manager role

The system-wide case manager role must be consistently enacted across populations, and it is essential that a common understanding of the role is established across other healthcare professional groups and with newly engaged clients.

Recommendation 2: Support structures

It was evident that the project manager provided direct support to the system-wide case managers and was a champion of system-wide case management along the continuum of care. There is a need to determine an appropriate alternate support mechanism upon termination of the formal project management role. The working groups also had an important function in providing ongoing support to the system-wide case managers. However, the role of the working groups must be clearly identified and aligned with the system-wide case management model to ensure the working groups' efforts are effective. For example, the working groups may be essential in further standardizing the role of the system-wide case managers across populations.

Recommendation 3: Standardize target populations

As the system-wide case management model and case managers continue, it is necessary to establish clear inclusion and exclusion criteria for each population, together with appropriate caseloads and referral processes.

Recommendation 4: Ongoing evaluation

Ongoing priority of and support to evaluation is essential. Future work is needed to assist with the identification and collection of valid and reliable indicators to determine impact at the system, healthcare professional, system-wide case manager, and client levels. A necessary preface to determining impact is that the system-wide case management role and model is being consistently implemented and target populations refined (Recommendations 1 and 3).

A copy of the full evaluation report is available from the Calgary Health Region's Health Systems and Workforce Research Unit website <http://www.calgaryhealthregion.ca/hswru/index.htm>.