Using case management in Primary Care as an upstream approach to connect end of life patients and their family caregivers with community-based support: A realist review

International Foundation for Integrated Care: IFIC Scotland
Integrated Care Matters Webinar Series 3:
Palliative and End of Life Care
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Background

• The majority of Canadians prefer to die at home
• Earlier initiation of Community-based Palliative Care (CBPC) is beneficial for patients & their families
• Case management has potential to assist with identifying and accessing CBPC resources
Palliative approach in Primary Health Care: Curative to palliative

- Self-management
  - Early Chronic Disease Management
  - Hope for cure
  - Seniors at risk
- Palliative approach to care
  - Disease advancement
    - Complication indicators
  - Decompensation
    - Experiencing life limiting illness
    - PPS
    - ESAS
    - BC Palliative benefits
  - Dependency and symptoms increase
    - Home care
  - Decline and last days
  - Death and bereavement

Time of Diagnosis

Transitions:
1. Transition 1
2. Transition 2
3. Transition 3
4. Transition 4
5. Transition 5

McGregor and Porterfield 2009
Case management

Early assessment & planning for patient & family needs

Communication with patients/families & other sectors
Objectives of review

• To partner with family advisors & health-system knowledge users
• Identify critical community supports in the last year of life
• Synthesize & “unpack” evidence on how case management can connect patients and families to community-based services & supports
<table>
<thead>
<tr>
<th></th>
<th>Realist Review</th>
<th>Systematic Review</th>
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</thead>
<tbody>
<tr>
<td>Type of intervention</td>
<td>Complex</td>
<td>Simple, discrete</td>
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<tr>
<td>Aim / Focus</td>
<td>EXPLANATORY: how ‘x’ works, in what contexts, for whom?</td>
<td>JUDGMENTAL: how much does x, y, z improve health?</td>
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<tr>
<td>Rigor</td>
<td>Very rigorous</td>
<td>Very rigorous</td>
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<tr>
<td>Relevant types of evidence</td>
<td>Includes a wide range of research and non research (i.e., both qualitative, quantitative)</td>
<td>RCTs ideal. Mostly quantitative research on effectiveness (e.g., controlled &amp; uncontrolled studies, interrupted time series, ...)</td>
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<tr>
<td>Evidence source</td>
<td>Peer reviewed literature, policy reviews, stakeholder analysis, focus groups, grey literature</td>
<td>Peer reviewed literature, grey literature (finite set of data)</td>
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<tr>
<td>Method</td>
<td>Theory-driven synthesis: deconstructs intervention into component theories. Context data retained, basic theory is refined concerning applicability in context</td>
<td>Statistical synthesis: meta-analysis, summary of quantitative data</td>
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<td>Usefulness</td>
<td>How to make an intervention most useful</td>
<td>Demonstrates which intervention has largest or smallest effect</td>
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Realist review steps

Step 1: identifying the review question (clarify scope)

Step 2: searching for relevant literature

Step 3: quality appraisal

Step 4: extracting and organizing the data (CMOs)

Step 5: synthesis
How does a realist review work?

• A realist review “unpacks” mechanisms in particular contexts & settings

• CMOs are hypothesized program theories that are tested against the evidence

• For our review: Synthesizing the research literature to map out program theories of how individual, organizational and health system contexts (C) catalyze the functions and competencies of case management (M) to improve access to community services, patient, family, and health system outcomes (O).
Hypothesized CMO

CONTEXT

MECHANISMS

Case Management Functions and Competencies

OUTCOMES

Better End of Life Experiences
Realist review methods

- RAMESES protocol for realist reviews
- Librarian assisted systematic searches then purposive search
- Iterative consultations with knowledge users & family advisors
- Articles screened by 3 reviewers then categorized by relevancy & outcomes
- Context-Mechanism-Outcome configurations/program theories
Results

• Screened 2389, extracted data on 161, based on relevancy 78 articles, also >500 from purposive search

• Literature organized into preliminary context-mechanism-outcome (CMO) program theories

• Most literature related to case-management mechanisms or adopting a palliative approach to care, very little on critical community supports
Identifying Critical Community Supports

• Critical community supports were identified through research literature & consultation with family advisors:

1. Healthcare Professionals or assistants trained in end of life care
2. Someone trained in end of life care to help transit home after discharge
3. Co-ordination between services and supports.
4. Programs/resources to help families cope with stress and care for the patient
5. Extra physical and psychological support for patients who live alone
Synthesis

• Evidence from our review focused on how case management functions can facilitate:
  • patient identification at EOL
  • creation of family centric plans
  • implementation of planned care

• Supportive contexts included:
  • reducing communication barriers within/outside of PHC
  • enhancing PHC practice cultures that embrace community supports
  • PHC team members who value family centric care
Program Theories: CMOs

• Chose six program theories (CMOs)

• If PHC teams have training to facilitate EOL conversations with patients/families, it will lead to PHC teams: identifying patient & families nearing EOL, being involved in their plan of care, & result in continuity of patient/family care in the last year of life

• If PHC settings are supported & resourced to adopt a Public Health approach to end of life care in the community, it would prompt PHC teams to: work with communities to develop partnerships with critical community supports, & engage with patient/family caregivers’ to determine their needs, plan “upstream” end of life strategies
Next steps

• Screening and extracting data from our purposive search
• Refining program theories (CMOs)
• Conducting additional consultations with advisors, knowledge users and team
• Synthesizing findings and making recommendations
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Questions
References


Program Theories
(Dalkin, 2015)

• Intervention resources are introduced in a context, in a way that enhances a change in reasoning that alters the behaviour of participants, which leads to outcomes.

• The revised formula therefore reads: $M \text{ (Resources)} + C \rightarrow M \text{ (Reasoning)} = O$
M (Resources) + C → M (Reasoning) = O

• **M (Resources)** PHC teams training to facilitate EOL conversations with patients/families

• are added to a **Context** of a PHC team that is ready to make changes necessary e.g. allocate time for EOL conversations, engage families

• **M (Reasoning)** PHC teams will be confident they can have EOL conversations with patients and families,

• Leading to the **Outcomes** of improved patient and family engagement in planning for EOL and decreased family stress